

59th Medical Wing



U.S. AIR FORCE

59 MDW Behavioral Health Product Line Analysis

Information Brief
Briefer: LtCol Julian
Date: 5 Oct 04

Integrity - Service - Excellence

Overview

- Revised Financing & Business Plan
- San Antonio Multi-Service Market (SA-MM)
- Centralized Consult Management and Appointing (CAMO)
- Behavioral Health Product Line Review

Revised Financing Overview

Prospective Payment System

- Goal 1: Provide Care of your Prime Enrollees
 - In-house vs. “make vs. buy” to Private Sector
 - MTF responsible for all PRIME care rendered in both direct care and private sector
- Earn Revenue on Fee for Service (FFS) Basis
 - Other MTFs’ Enrollees, Space-A (Active duty and other), Tricare Plus and TRICARE for Life, and MCSC (new)
- Bottom-line: We need to take care of our enrollees and meet our business plan targets; Focus on Customer Satisfaction, Access to Care, Productivity, and Data Quality

Business Plan Overview

Actual **59 MDW** Performance Oct-May 04

RVUs	IHC	Other DC	PC	Total PRIME	Other Enr	SA AD	SA NAD	Plus	Total FFS
Actual	256,130	16,071	55,388	327,589	79,986	72,278	48,866	104,149	305,279
Target	286,272	25,624	44,248	356,144	94,336	110,488	95,384	74,136	374,344
Diff	(30,142)	(9,553)	11,140	(28,555)	(14,350)	(38,210)	(46,518)	30,013	(69,065)
% Met	89%	63%	125%	22%	77%	44%	109%	140%	82%

RWPs	IHC	Other DC	PC	Total PRIME	Other Enr	SA AD	SA NAD	Plus	Total FFS
Actual	2,633	225	344	3,202	1,854	290	3,262	2,877	8,283
Target	2,856	280	368	3,504	2,088	440	4,864	2,072	9,464
Difference	(223)	(55)	(24)	(302)	(234)	(150)	(1,602)	805	(1,181)
% Met	92%	80%	93%	91%	89%	66%	67%	139%	88%

 Bottom-line: -\$6.0M

Source: P2R2 Virtual Analyst website

- Performance against targets seen differently for PRIME & FFS patients
- FY04 Targets based on FY02 LOE with no adjustments
- Falling short of FY02 FFS LOE

SA-MM Overview

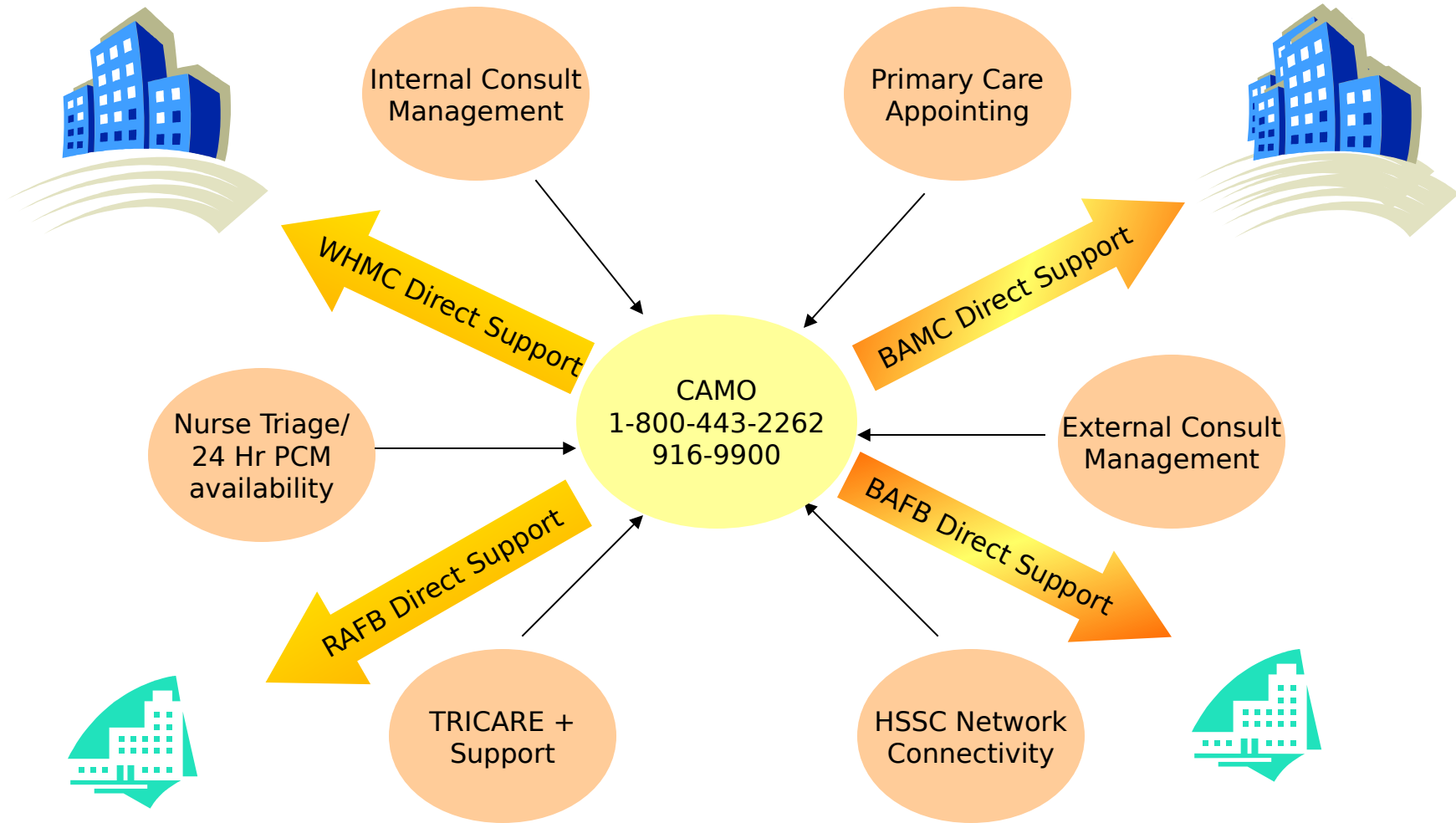
Goals & Objectives

- San Antonio Multi-Service Market (SA-MM) consists of WHMC, BAMC, Randolph Clinic, and Brooks Clinic
- Goals: Achieve the following desired end states
 - Optimize efficiency between direct and purchased care markets
 - Eliminate duplicate services
 - Increase synergy and cooperation among San Antonio MTFs
 - Ensure patient satisfaction with access and quality service
 - Strengthen Readiness by allocating the appropriate mix of resources
- Objectives
 - Optimize provider mix across specialty lines
 - Move providers and add facility capacity to meet population demands
 - Conduct rigorous business planning for clinical service lines
 - Optimize Third Party Billing, Contracting and Pharmacy
 - Establish a SA-MM Consult, Appointment and Management Office

CAMO Benefits

- Recapture Prime Leakage through more effective utilization of Market resources
- Provide “Entire Market” approach to appointment and referral processes
- Eliminates competition between MTFs and encourages cooperation
 - Encourages consolidation of clinical service lines
 - Facilitates GME (free movement of patients and staff between MTFs)
- Provides single POC for coordination between Purchased Care System and MTFs on referrals

SA-MM CAMO



Behavioral Health Product Line Analysis

- Clinic Description
- Manpower and Staffing
- Readiness/Mobility Taskings
- Access to Care
- Enrollment
- Template Review
- PRIME Leakage, PSC Use, and Recapture
- Coding Analysis
- Comparison to Civilian Benchmark
- Business Plan Implications
- Third Party Collections
- ENT Initiatives and Issues
- Stoplights

Behavioral Health Services (59 MDOS)

Clinic Description

- Provides a full continuum of mental health services to support a preventive, primary, tertiary referral center
- Provides education, training, research opportunities for mental health professional and technical personnel
- Supports AF, DoD mobility taskings world-wide

Behavioral Health Services Provided at WHMC

- Life Skills Support Center
- Inpatient Mental Health
- Child/adolescent Psychiatry
- Forensic Psychiatry
- Psychosomatic Psychiatry
- ADAPT
- Family Advocacy
- Behavioral Analysis Service (BAS)/Psychological Research Service (PRI)
- Clinical Health Psychology
- Neuropsychology

Behavioral Health Services at both WHMC and BAMC

- Services in Common at both BAMC and WHMC
 - Outpatient Adult/Child Psychiatry
 - Substance Abuse
 - Family Advocacy
 - Neuropsychology
 - Clinical Health Psychology
- WHMC supports BAMC with sub-specialty coverage
 - Inpatient Mental Health
 - Psychiatry Residency Training (3 Army Psychiatry)
 - Tech training (6 – 8 Qtrly, 2-week rotations)
 - Outpatient Child Psychiatry (1 day/week)

Psychiatry

GME Program Status

- Integrated Residency Program (PG1-4; 4-year program)
 - 4-6 AF Starts per Year/ 0-3 Army start per year
 - 16 Total AF Residents/ 3 Total Army Residents
 - Total 57 Residents in Integrated Program (19 military/38 UTSA)
 - July 2005: increase to 22 Military Residents
- RRC Status: 5-year accreditation given 1998; ACGME site visit 17 August 2004: results pending
- Overall Program Health: Excellent
 - Board Certification Pass Rate – 100% in 2003
 - On-time Graduation – 100%
 - Case Mix and Patient Volume:
 - Program integrated with UTSA
 - Residents see wide range of patients (all ages, ethnic and socioeconomic groups) by working at University Hosp., VA, WHMC, and other sites
 - Residents trained on military specific issues in psychiatry by rotating on WHMC inpatient, outpatient, consult and forensic services

Department of Psychology

GME Program Status

- Clinical Psychology Residency Program (1-year)
 - 12 AF Starts per Year; 1-year program; 100% graduation rate
 - WHMC trains half of all USAF Psychologists
 - Pre-doctoral program required for award of doctorate in clinical psychology leading to licensure, independent practice.
- Accreditation
 - Fully Accredited by the American Psychological Association
 - Last accreditation site visit in Dec 03 – Full (7 year) accreditation renewed
- Overall Program Health: Excellent
 - “2002 Outstanding Training Program” Association for Advancement of Behavior Therapy
 - 20% of staff board certified by American Board of Professional Psychology (3% of U.S. psychologists board certified by ABPP)
 - Diverse training opportunities and patient populations:
 - Required rotations: Clinical Health Psychology, Outpatient Psychology Services, Primary Care Behavioral Health Consultation, Behavioral Analysis Service (BMTS)
 - Optional rotations: Psychology Research Service, Neuropsychology Service, Aerospace Psychology

Department of Psychology

GME Program Status

- Post-doctoral Fellowship in Clinical Health Psychology (1 year length)
 - Two psychologists trained annually
 - Trains clinical health psychologists to be prepared to work in a variety of health psychology-related clinical, research, and academic settings in the Air Force.
 - Prepares fellows to apply for board certification (ABPP) in clinical health psychology after completion of the program
 - One of the first two American Psychological Association (APA) accredited Health Psychology programs in the U.S.!

59 MDOS

Manpower and Staffing

	AUTHORIZED			ASSIGNED					
Providers	MIL	GS	Total		MIL	GS	K*	Total	Staffing
Psychiatrists (44P3)	11	1	12	44P3	11	1	0	12	100%
Psychologists (42P3)	15	2	17	42P3	15	2	0	17	100%
Social Workers (42S3)	12	4	16	42S3	12	4	2	18	113%
Total Providers	38	7	45		38	7	0	45	100%
	AUTHORIZED			ASSIGNED					
Support Staff	MIL	GS	Total		MIL	GS	K	Total	Staffing
46N3 (RN)	0	1	1	46N3	0	1	0	1	100%
46P3 (outpatient & inpatient)	15	0	15	46P3	14	1	4	19	127%
4A	2	4	6	4A	2	4	0	6	100%
4C	69	4	73	4C	71	4	6	81	111%
3A	0	4	4	3A	0	4	0	4	100%
3C	0	1	1	3C	0	0	0	0	0%
Total Support Staff	86	14	100		87	14	0	101	101%

Army Funded: 4 46P3 RNs and 6 techs (inpatient)

59 MDOS

Manpower and Staffing (Con't)

FAC 5216 - MAPPG06 Changes (Officers)

44P3	Current:	7+1 GS	MAPPG06:	5+1 Contract	DELTA:	-2
44P3a	Current:	2	MAPPG06:	0	DELTA:	-2
44P3b	Current:	2	MAPPG06:	0	DELTA:	-2
42P3	Current:	9+2 GS	MAPPG06:	9+2 Contract	DELTA:	0
42P3a	Current:	3	MAPPG06:	0	DELTA:	-3
42P3b	Current:	3	MAPPG06:	0	DELTA:	-3
42S3	Current:	12+4 GS	MAPPG06:	9+2GS, +4 Contract, +1 RSA		
		DELTA:	0			
46N3	Current:	1 GS	MAPPG06:	3GS+4 Contract	DELTA:	+6
46P3	Current:	5	MAPPG06:	5	DELTA:	
		0				

FAC 5285 - MAPPG06 Changes (Inpatient Nursing)

46P3	Current:	10 Off	MAPPG06:	20 Off	DELTA:	+10
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59 MDOS

Manpower and Staffing (Con't)

- Resource Sharing Agreements: None
- Contractors:
 - Army Funded: 4 Psychiatric RNs and 6 techs
 - MOA: Threshold is 137 admissions/year
 - AF Funded: 2 Family Advocacy Nurses
- AFMS-wide staffing outlook:
 - Push for conversion from blue-suit to GS/contract
 - 20% likely for psychology, social work
 - 17 42S conversions already programmed for FY06 – FY08
 - (Lackland – 1)
 - Increased mobility taskings

Impact of Elimination of Neuropsychology

- Services Lost:
 - Consultation and evaluation services for WHMC patients with known/suspected brain injuries or disease
 - Required MEB and TDRL evaluations, assessing fitness for duty and impairment/disability ratings for military members
 - Inpatient consultations for patients with cognitive impairments (including competency evals)
 - Pre- and post-surgical assessments for neurosurgery patients (risk management implications)
 - Dementia screening evaluations for military retirees

Impact of Elimination of Neuropsychology

- Impact on GME
 - Eliminates important aspects of internship training
 - Decreased staff available for resident training and supervision, likely necessitating decrease in resident/internship class size
- Financial impact: “Leakage”
 - Average of 6 comprehensive neuropsychological evaluation performed each week (300 per year) at WHMC when staffed (2 full-time providers)
 - At average civilian cost of \$1500 per evaluation, annual cost to WHMC to defer consults to network would be about approximately \$450,000
 - Adequate civilian neuropsychology services are NOT available in the San Antonio area

Impact of Eliminating 42P3B Clinical Health Psychology

- Losses in **WHMC Patient Services**
 - More than 1,000 pt contacts per month
 - Smoking Cessation
 - Air Force Fitness Program -- Healthy Living Workshop
 - Primary Care -- Behavioral Health Consultation
 - Cardiac Rehabilitation Program
 - Chronic Pain Management
 - Diabetes Management
 - Incontinence Rehabilitation
 - OB/GYN Depression Tx
 - Relaxation Classes
 - Insomnia Classes
- Losses in Specialty Evaluations
 - Bone Marrow Transplant
 - Surgery Clinic
 - Pain Clinic
 - Cochlear Implants
 - HIV

Elimination of Clinical Health Psychology Loss to Training

- Losses to **WHMC CHP Fellowship Training (23-year program)**
 - No comparable civilian training program
 - Pipeline supporting 15 42P3B shred-outs
 - One of 3 accredited programs in U.S.
 - Graduates leading AF wide prevention including suicide, alcohol, wt, and tobacco
- Losses to **WHMC Residency Training**
 - CHP Residency for ½ of AF Psychologists
 - 1/3 of training yr spent in CHP
 - Non-pharmacological txs for deployed
 - Outstanding Training Award for 2002
- Losses to **WHMC Research**; Current Grant Staff of 11 eliminated
 - Wt and Fitness program for AD
 - Smokeless Tobacco Cessation for AD
 - Chronic Pain Restoration for AD
 - Alcohol, Tob and Wt mgt for AD
 - PTSD in WHMC Deployed AD

Elimination of Clinical Health Psychology Financial Impact

- Losses to **WHMC Finances**
 - \$1 Million per yr in CHP pt contacts
 - \$5.8 Million in external grants

Behavioral Health Mobility and Other Deployments

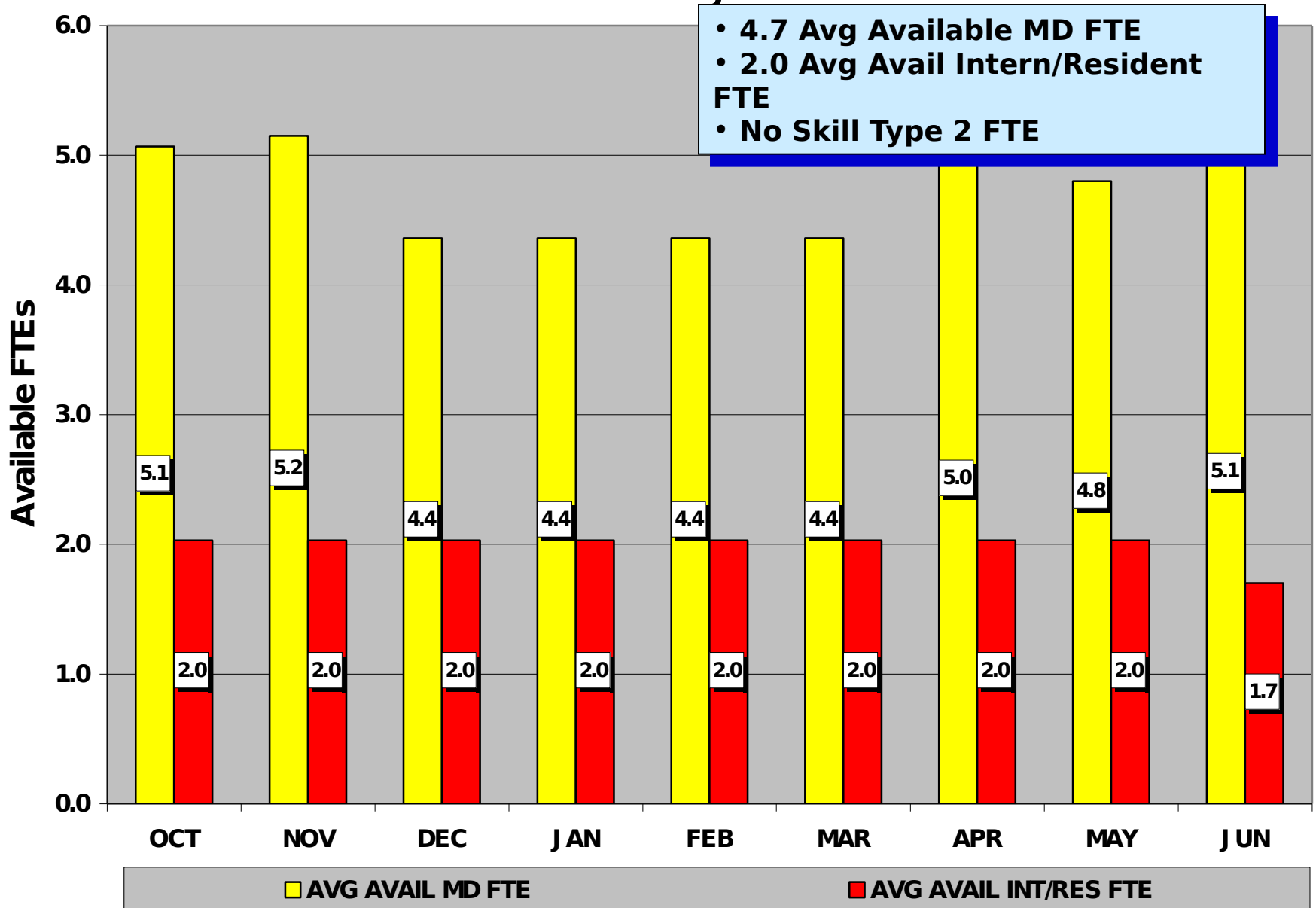
Physician Deployments (SGX Database)

- FY03:
 - 0 deployments
- FY04 Taskings in Turtle Model:
 - 1 Psychiatrist/year (3/4; 9/10) = 120 days*
 - 1 Social Worker per cycle = 3/year = 360 days/year or 120/cycle*
 - 1 Psychologist per cycle = 3/year = 360 days/year or 120/cycle*
- Actual FY04 deployments
 - Psychiatrist: 1 FTE @ 135 Days
 - Social Worker: 5 FTEs @ 408 Days
 - Psychologist: 9 FTEs @ 702 Days
- Turtle Actual (AEF Pairs 1 / 2 and 3 / 4)
 - Psychiatrist: 1 FTE in 3 / 4 = 120 days
 - Social Worker: 2 FTEs in 1 / 2; 1 FTE in 3 / 4 = 360 days total so far
 - Psychologist: 2 FTEs in 1 / 2; 2 FTEs in 3 / 4 = 480 days so far
- Humanitarian and Civic Assistance
 - FY03: None
 - FY04:

** Not counting transition days*

Psychiatry Monthly Reported Available FTEs

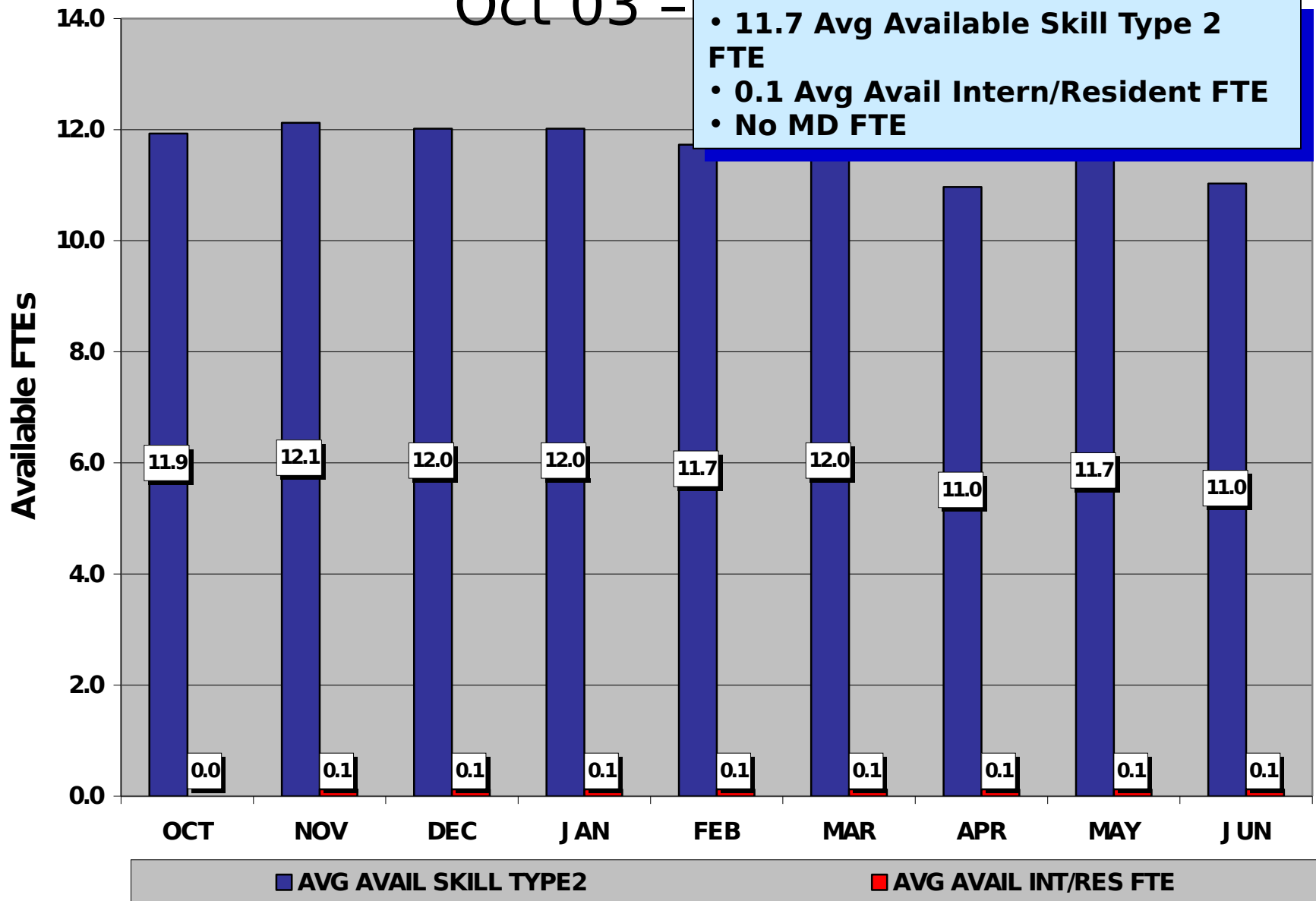
Oct 03 – Jun 04



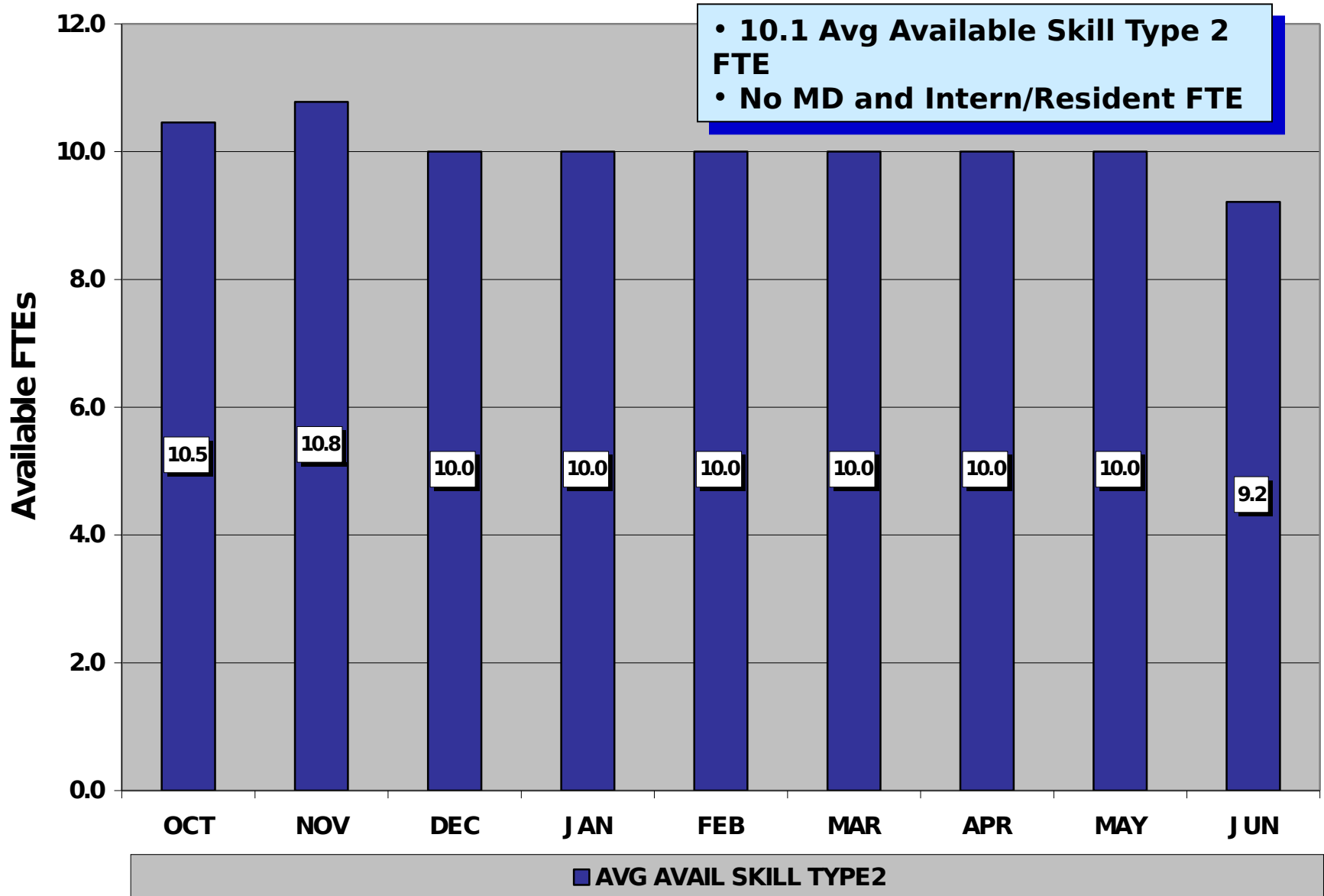
Psychology Monthly Reported Available FTEs

Oct 03 – Jun 04

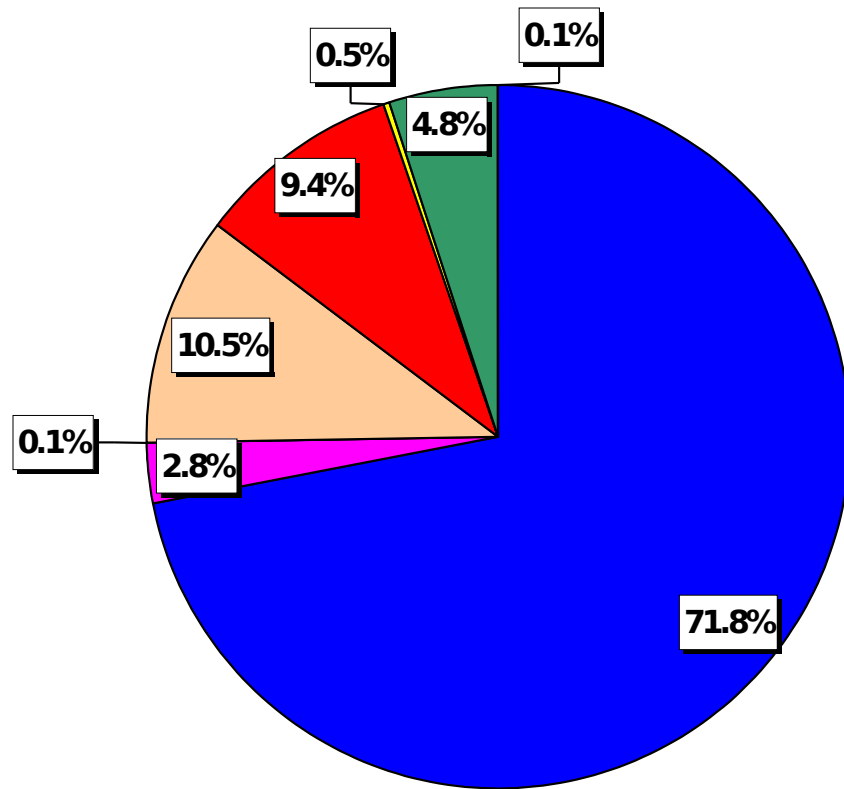
- 11.7 Avg Available Skill Type 2 FTE
- 0.1 Avg Avail Intern/Resident FTE
- No MD FTE



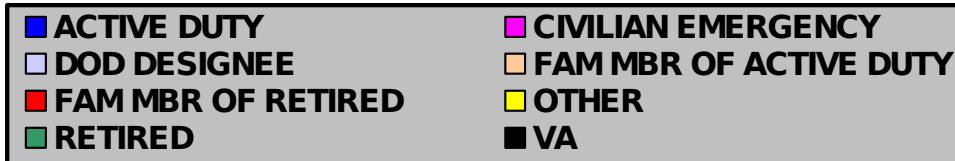
Social Work Monthly Reported Available FTEs Oct 03 – Jun 04



Psychiatry Direct Care Outpatient Unique Users By Patient Category Oct 03 – Jun 03

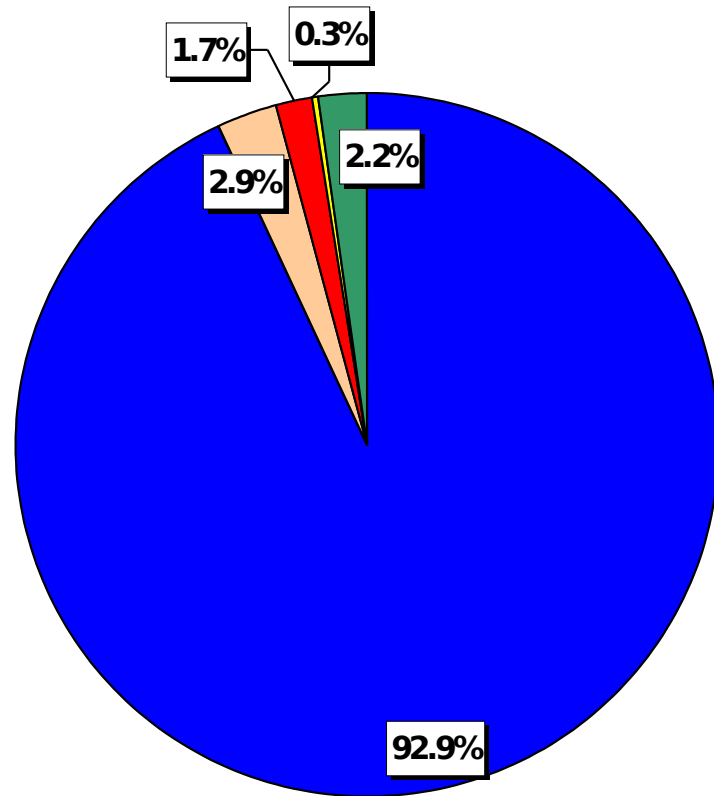


PATIENT CATEGORY	#USERS
ACTIVE DUTY	1,425
CIVILIAN EMERGENCY	55
DOD DESIGNEE	2
FAM MBR OF ACTIVE DUTY	208
FAM MBR OF RETIRED	187
OTHER	10
RETIRED	96
VA	1
TOTAL	1,984

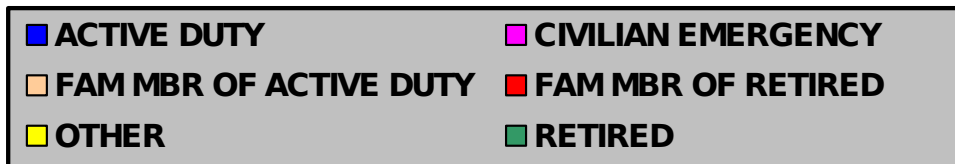


- 72% of Psychiatry patients are active duty

Psychology Direct Care Outpatient Unique Users By Patient Category Oct 03 – Jun 03

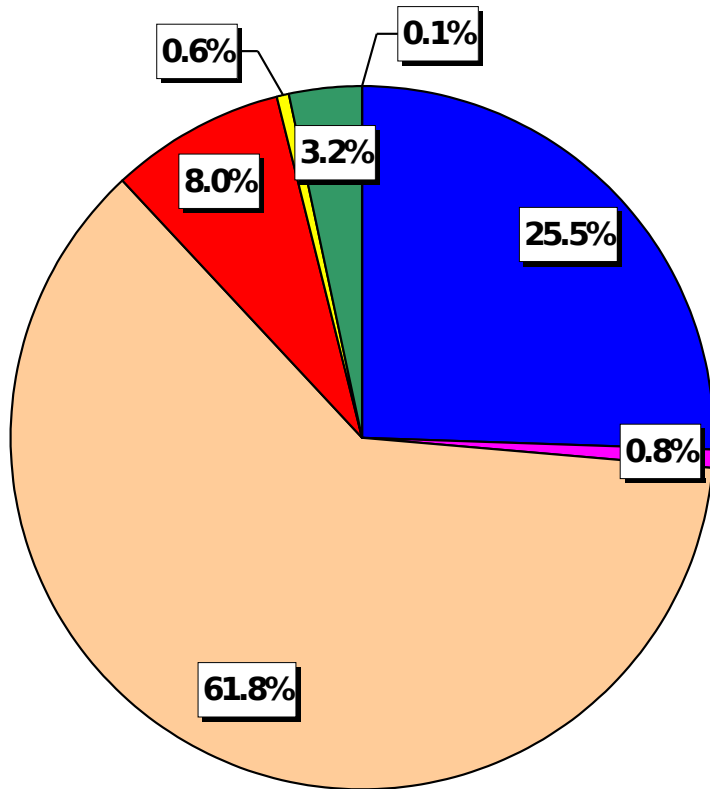


PATIENT CATEGORY	#USERS
ACTIVE DUTY	5,652
CIVILIAN EMERGENCY	3
DOD DESIGNEE	0
FAM MBR OF ACTIVE DUTY	174
FAM MBR OF RETIRED	102
OTHER	19
RETIRED	131
VA	0
TOTAL	6,081



- 93% of Psychology patients are active duty

Social Work Direct Care Outpatient Unique Users By Patient Category Oct 03 – Jun 03



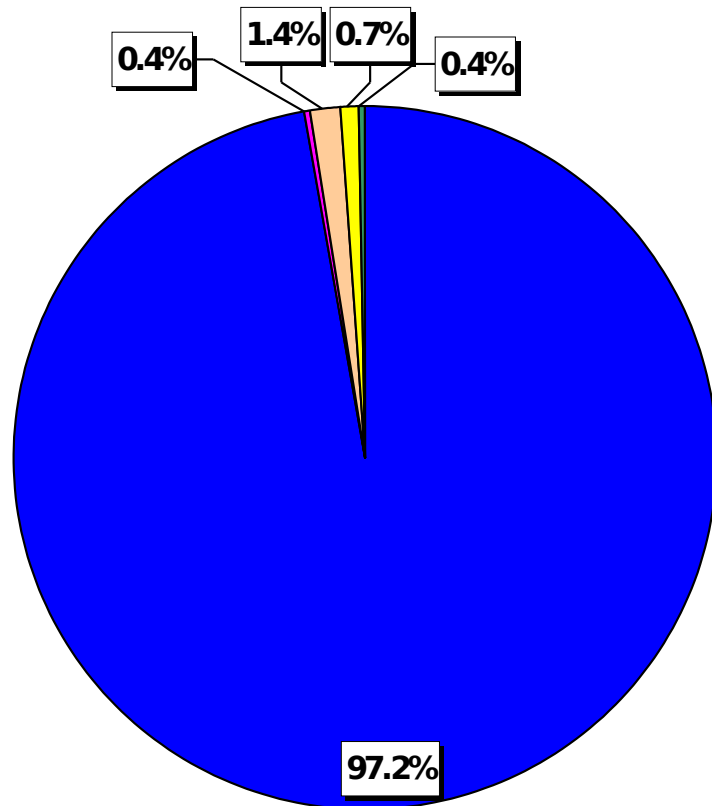
PATIENT CATEGORY	#USERS
ACTIVE DUTY	374
CIVILIAN EMERGENCY	11
DOD DESIGNEE	0
FAM MBR OF ACTIVE DUTY	905
FAM MBR OF RETIRED	117
OTHER	9
RETIRED	47
VA	2
TOTAL	1,465

■ ACTIVE DUTY
■ FAM MBR OF ACTIVE DUTY
■ OTHER
■ VA
■ CIVILIAN EMERGENCY
■ FAM MBR OF RETIRED
■ RETIRED

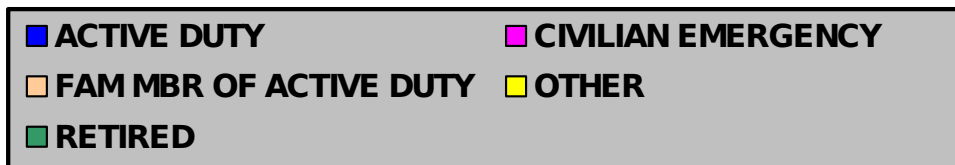
- 62% of social work patients are ADFM; 26% are active duty

Substance Abuse Direct Care Outpatient Unique Users

By Patient Category Oct 03 – Jun 03

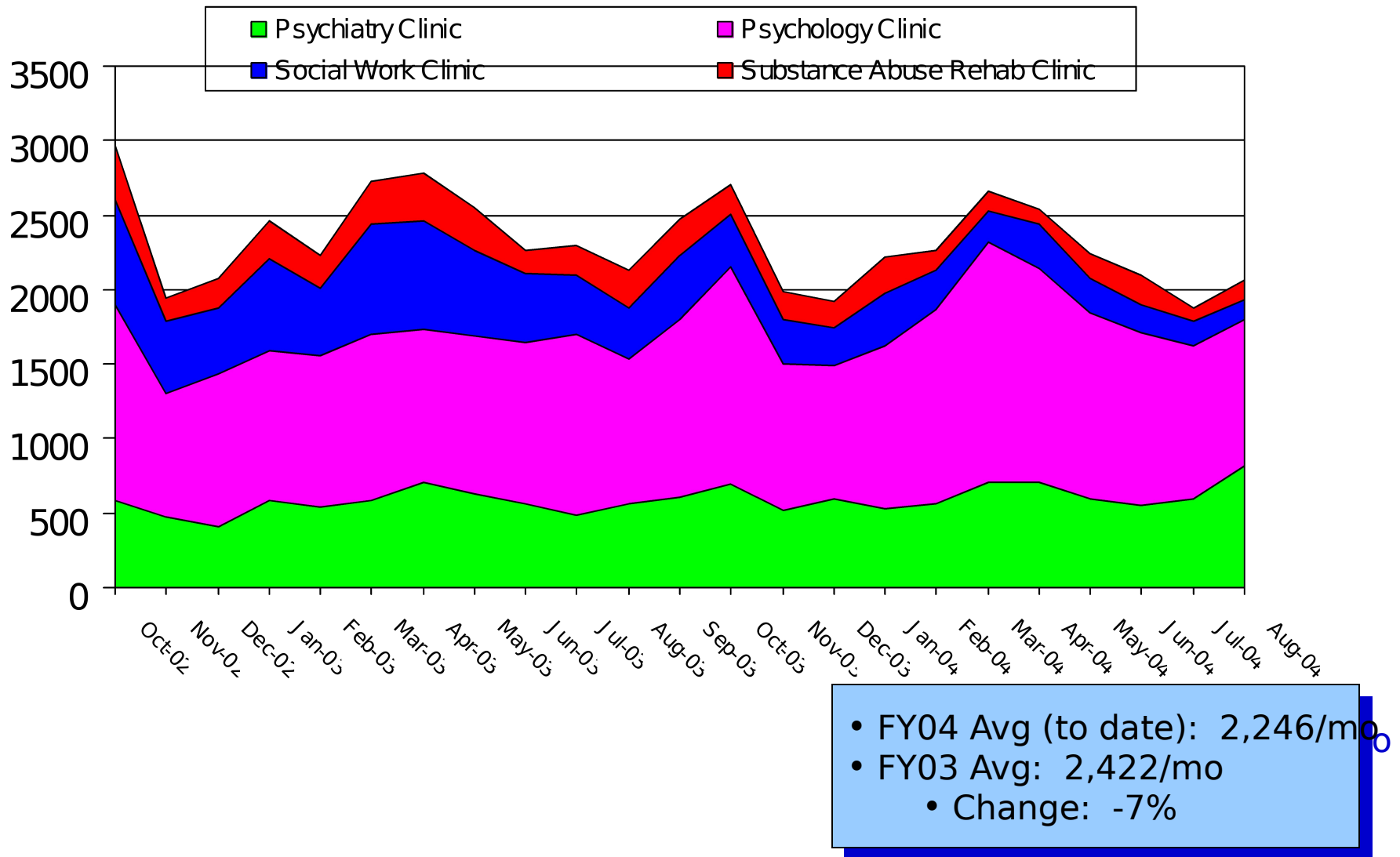


PATIENT CATEGORY	#USERS
ACTIVE DUTY	276
CIVILIAN EMERGENCY	1
DOD DESIGNEE	0
FAM MBR OF ACTIVE DUTY	4
FAM MBR OF RETIRED	0
OTHER	2
RETIRED	1
VA	0
TOTAL	284



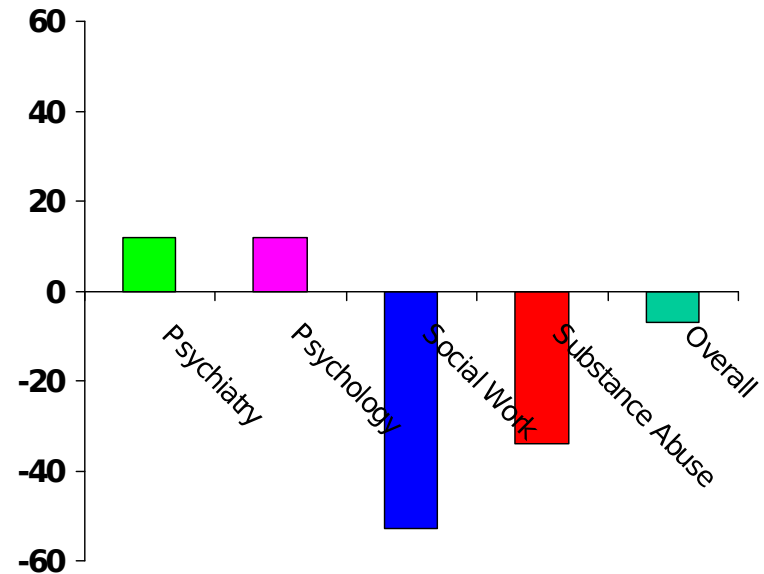
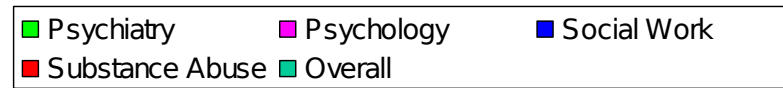
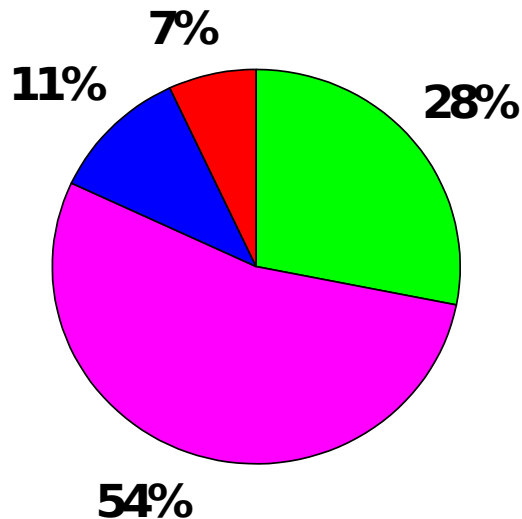
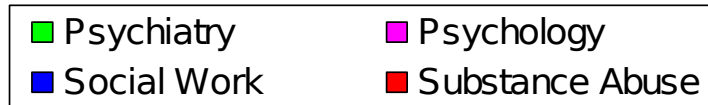
- 97% of substance abuse Patients are active duty

Behavioral Health Total Visits Oct 02-Jun 04



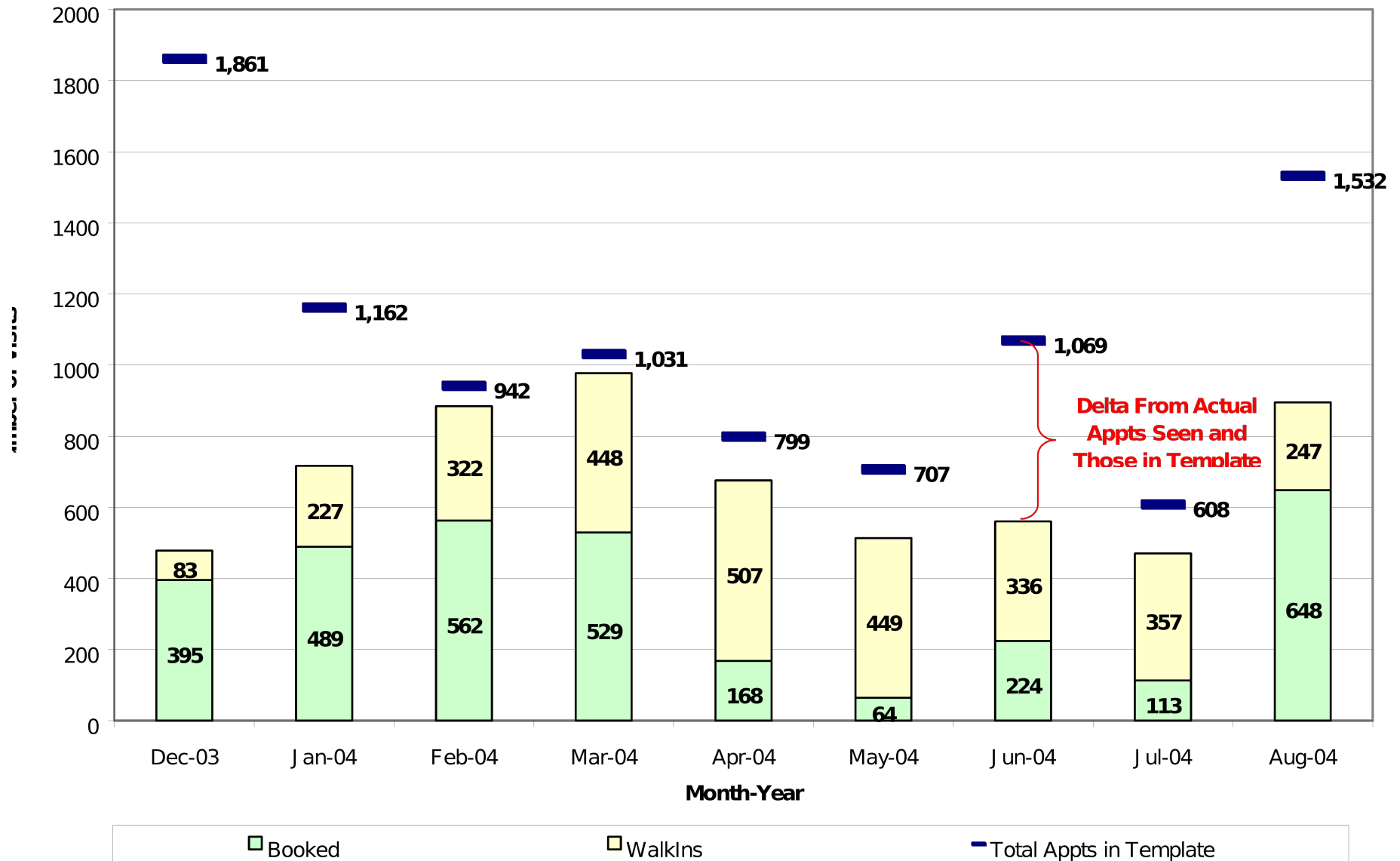
Behavioral Health

Appointment Type & Change (03 vs. 04)

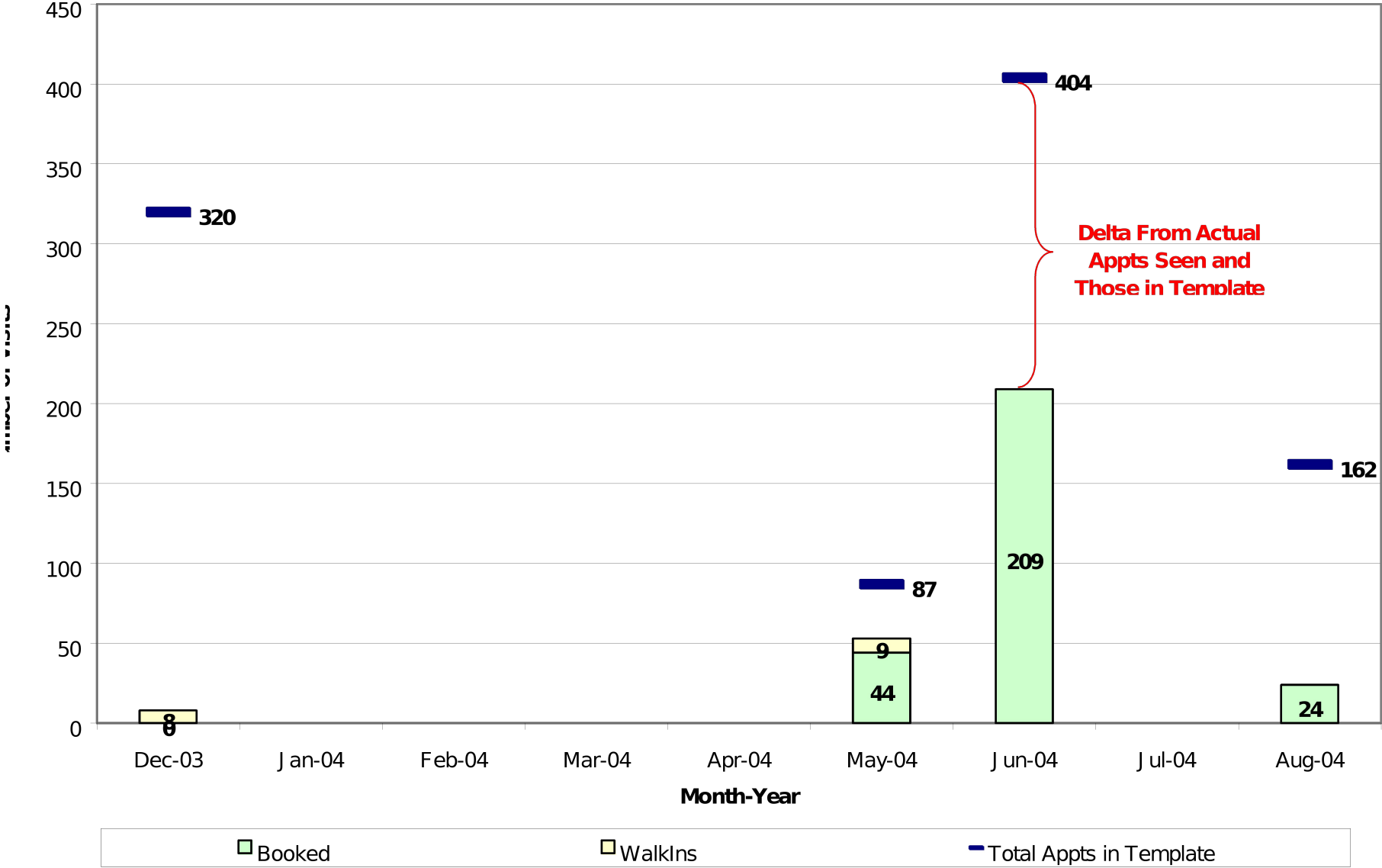


- Overall 3% lower than FY03
- All types of visits decreased except for RSA visits (up 2%)

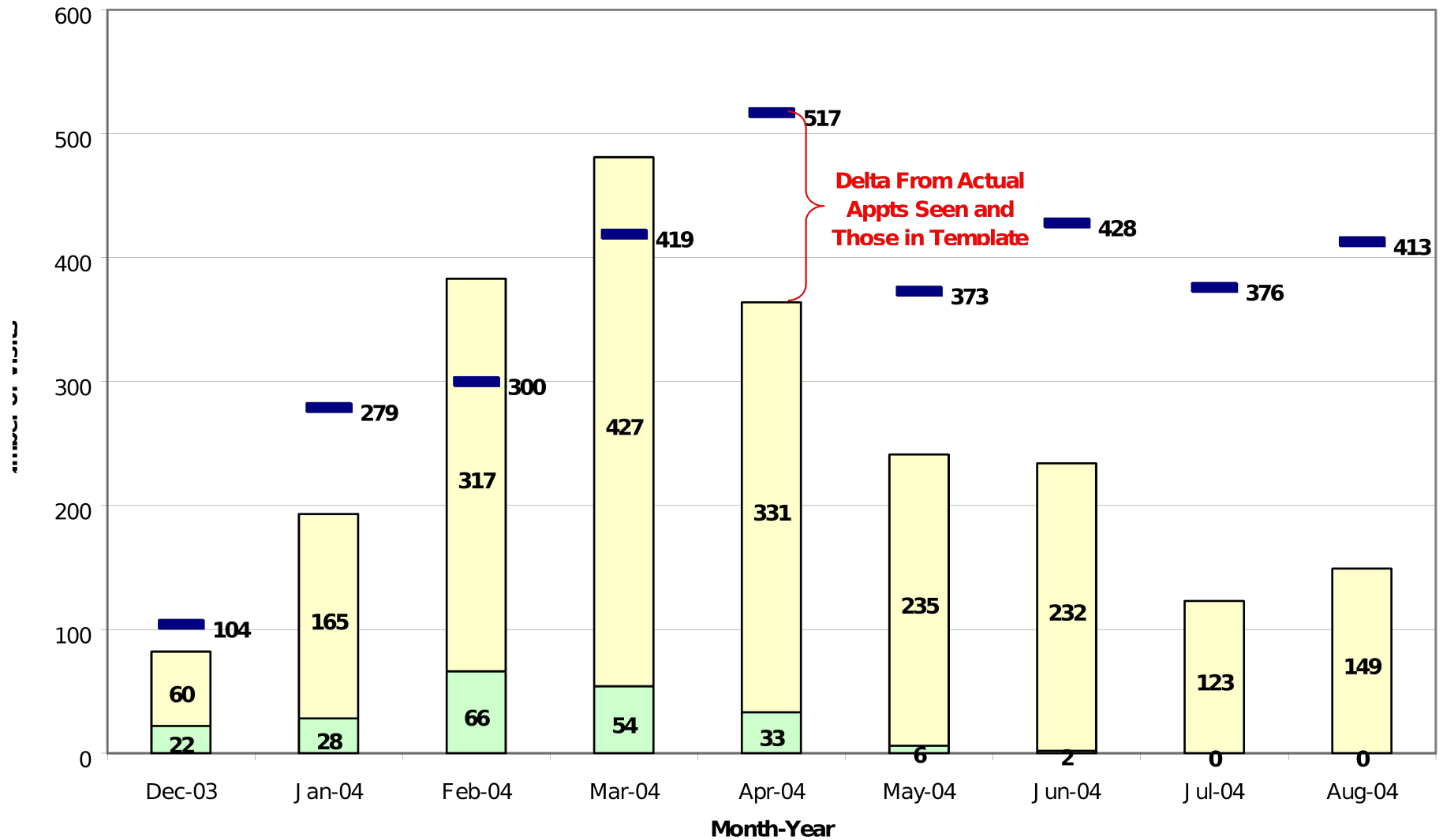
Behavioral Health Service Line: ALL WHMC BH TEMPLATES ROLLED UP



Behavioral Health Service Line: ADAPT PROGRAM, WHMC



Behavioral Health Service Line: CLINICAL HEALTH PSYCH,WHMC

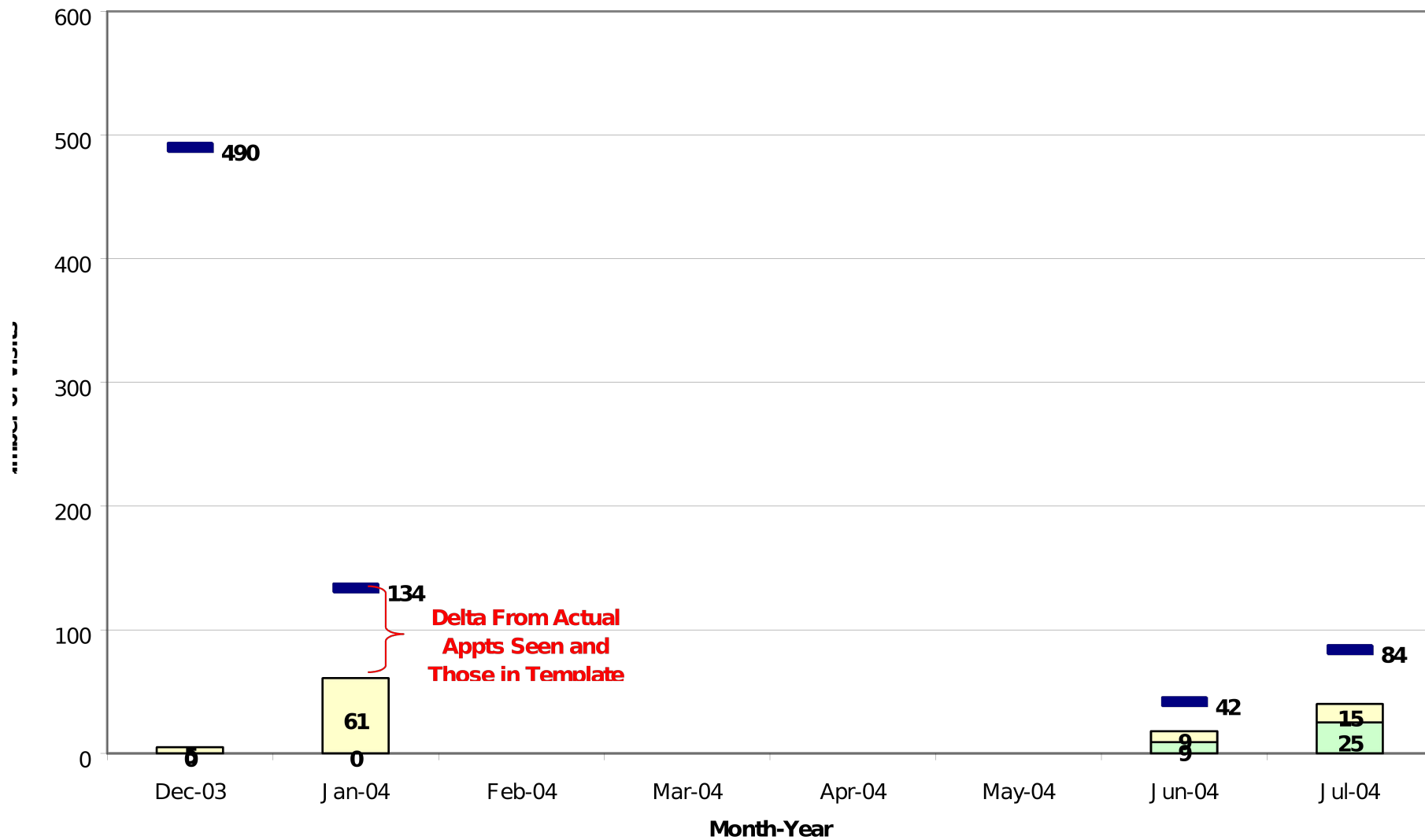


Booked

WalkIns

Total Appts in Template

Behavioral Health Service Line: FAMILY ADVOCACY,WHMC

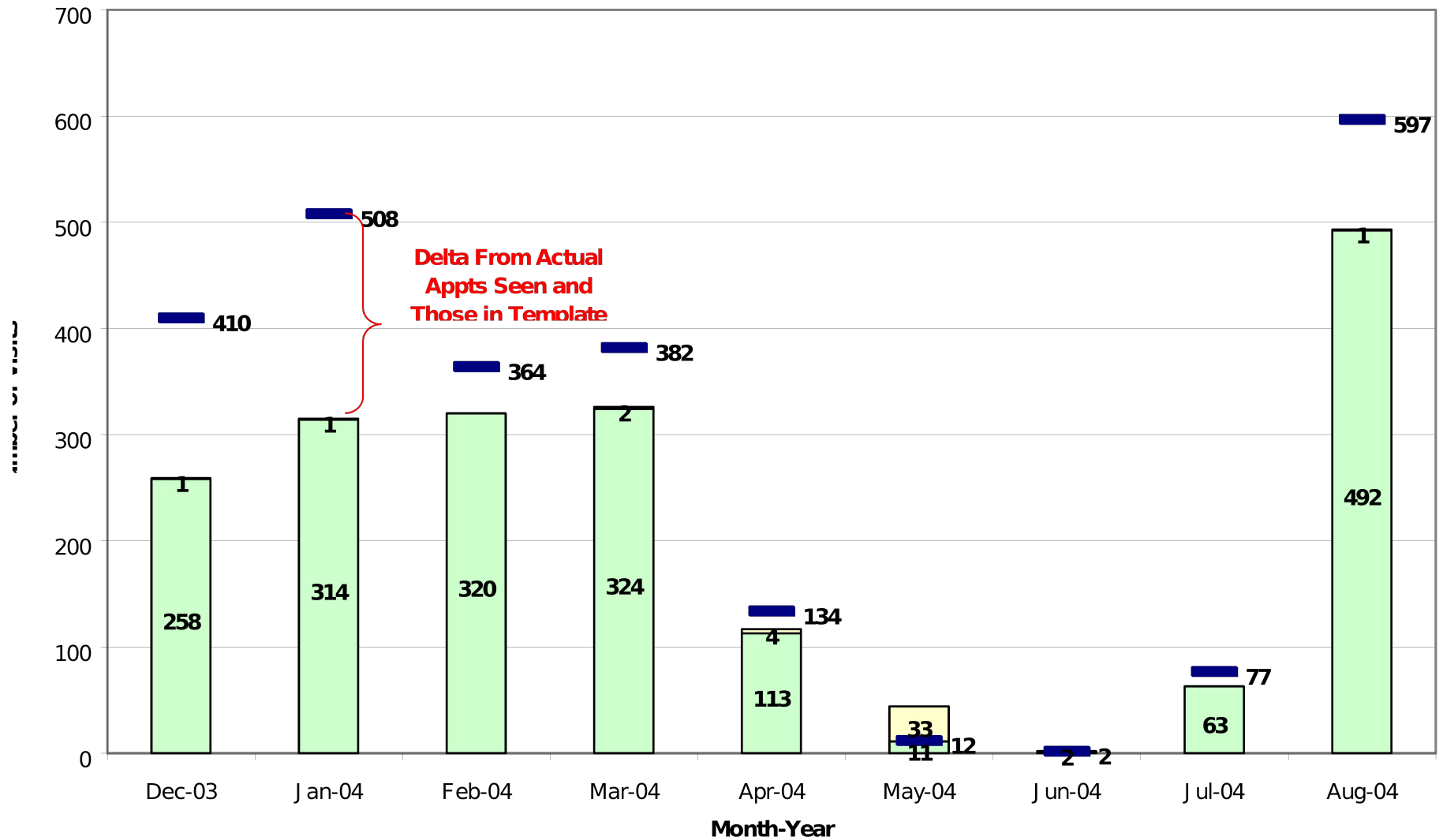


Booked

WalkIns

Total Appts in Template

Behavioral Health Service Line: LIFE SKILLS PSYCHIATRY,WHMC

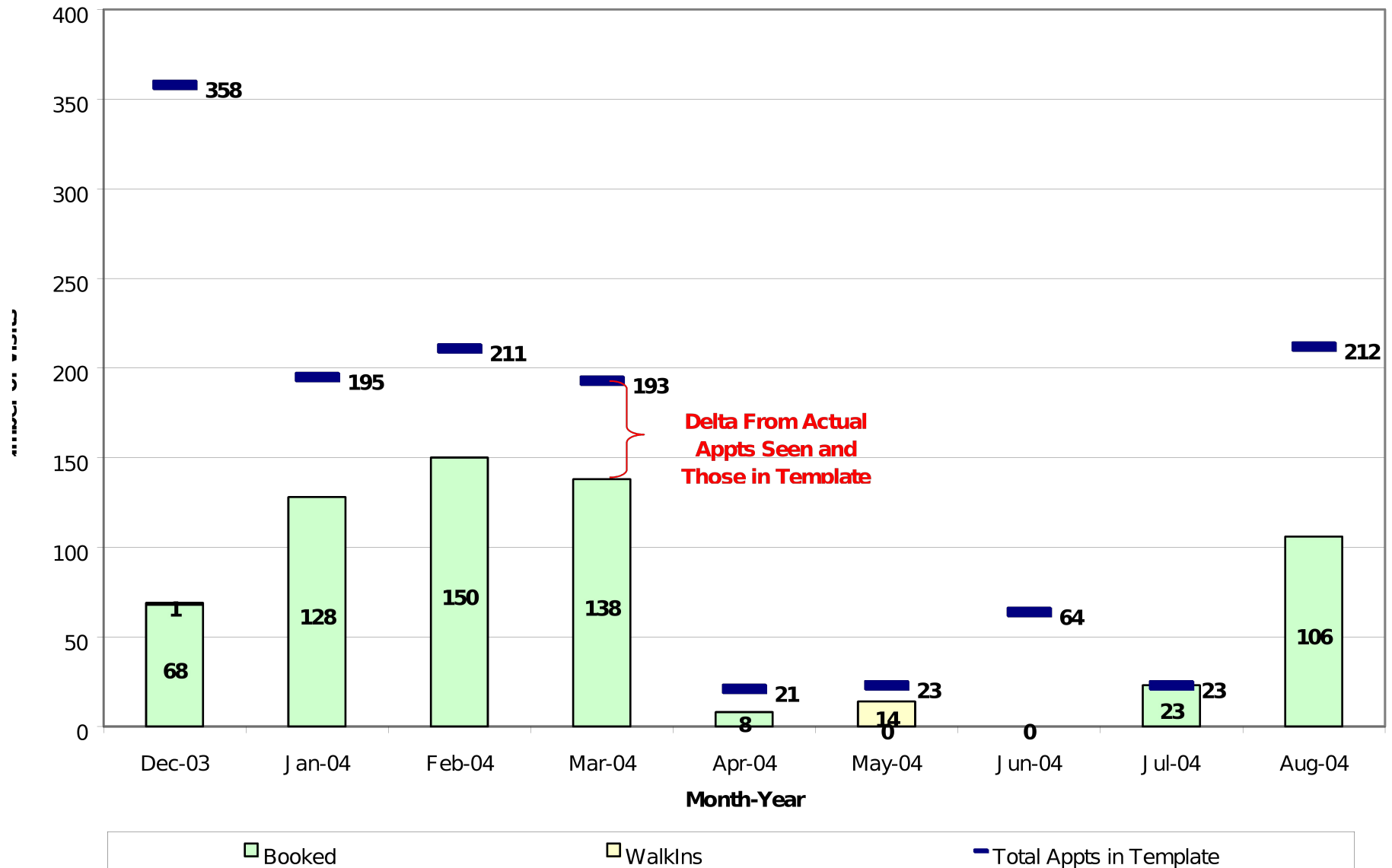


Booked

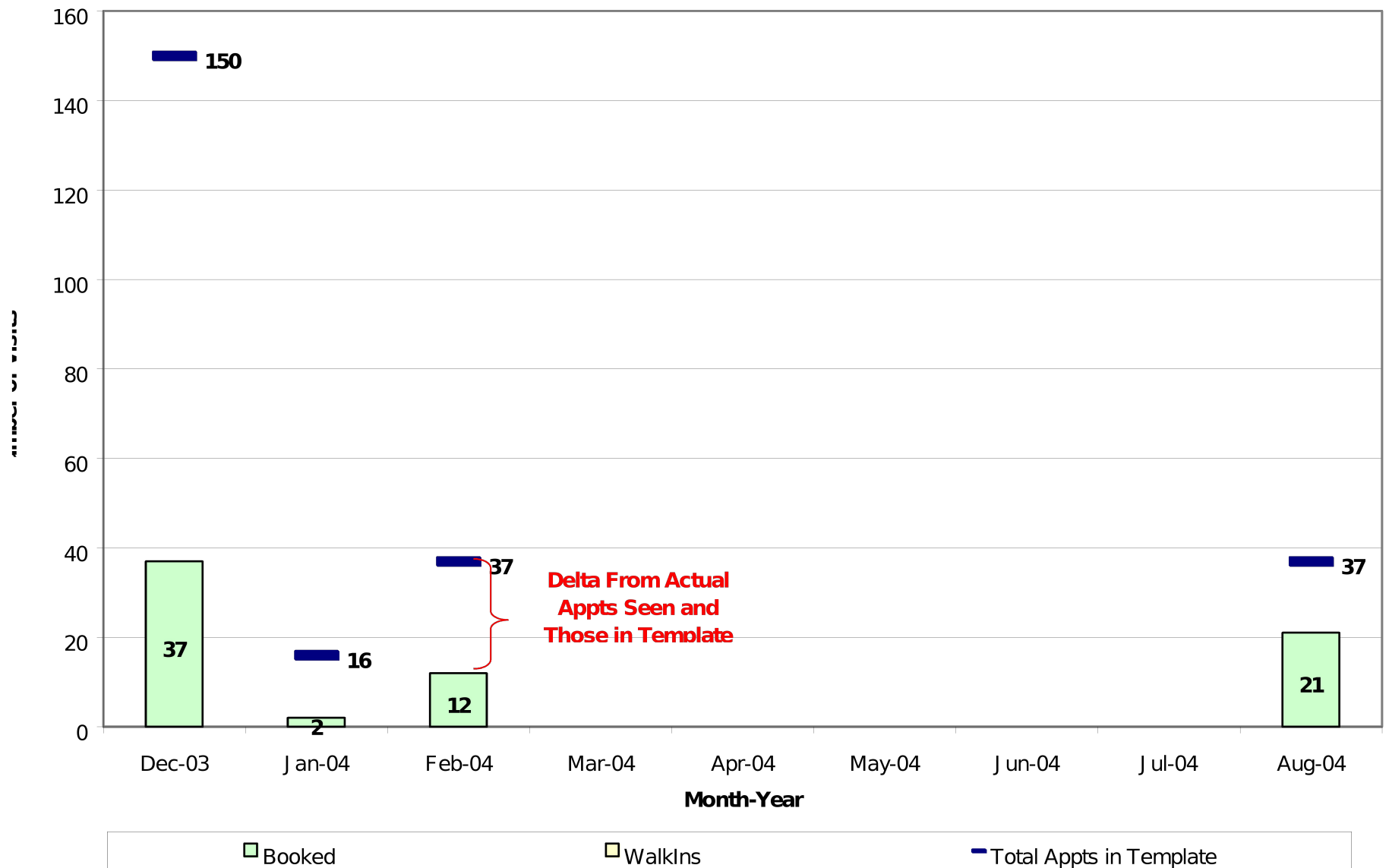
Walkins

Total Appts in Template

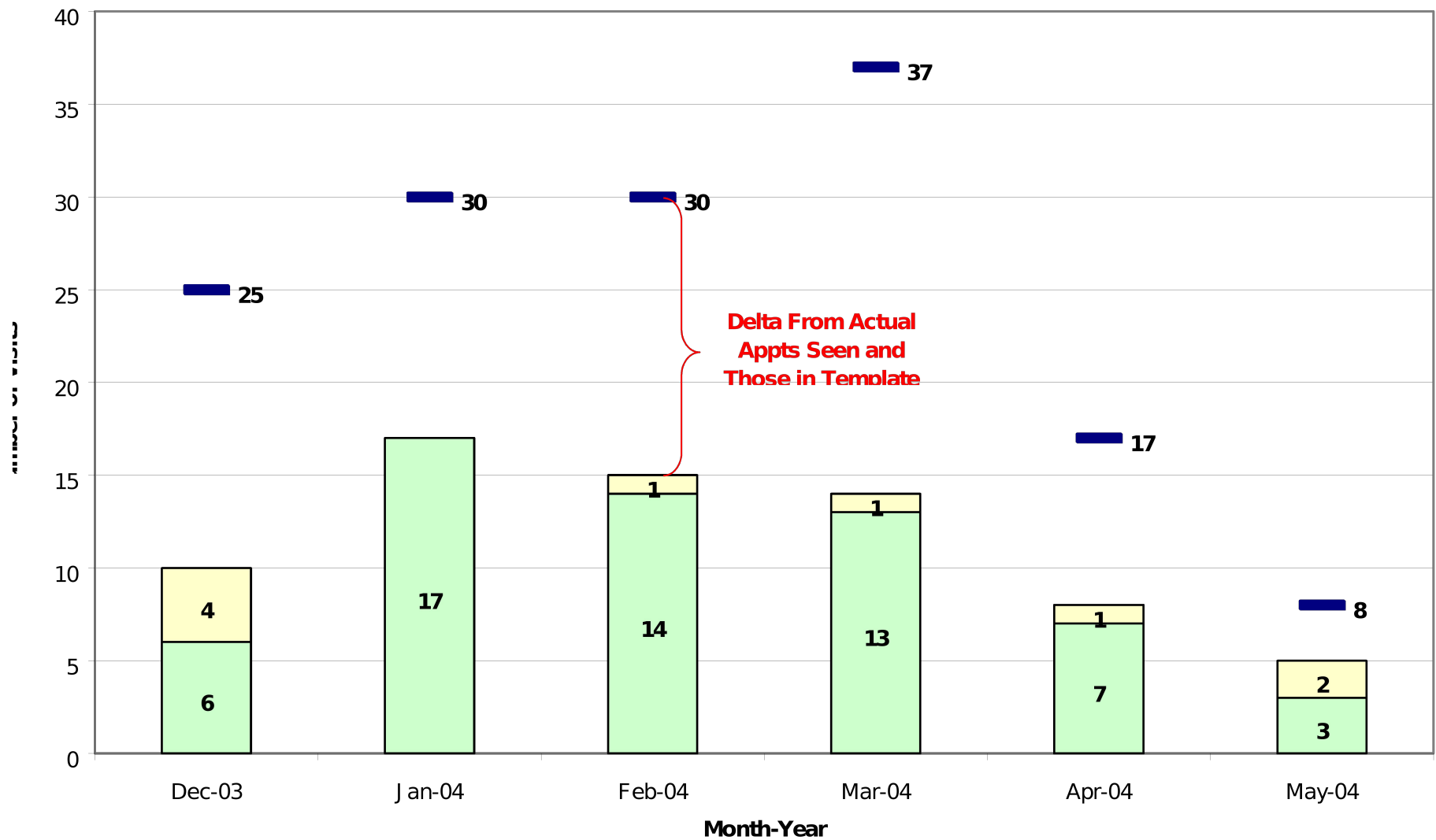
Behavioral Health Service Line: LIFE SKILLS PSYCHOLOGY,WHMC



Behavioral Health Service Line: LIFE SKILLS SOCIAL WORK,WHMC



Behavioral Health Service Line: NEUROPSYCHOLOGY, WHMC

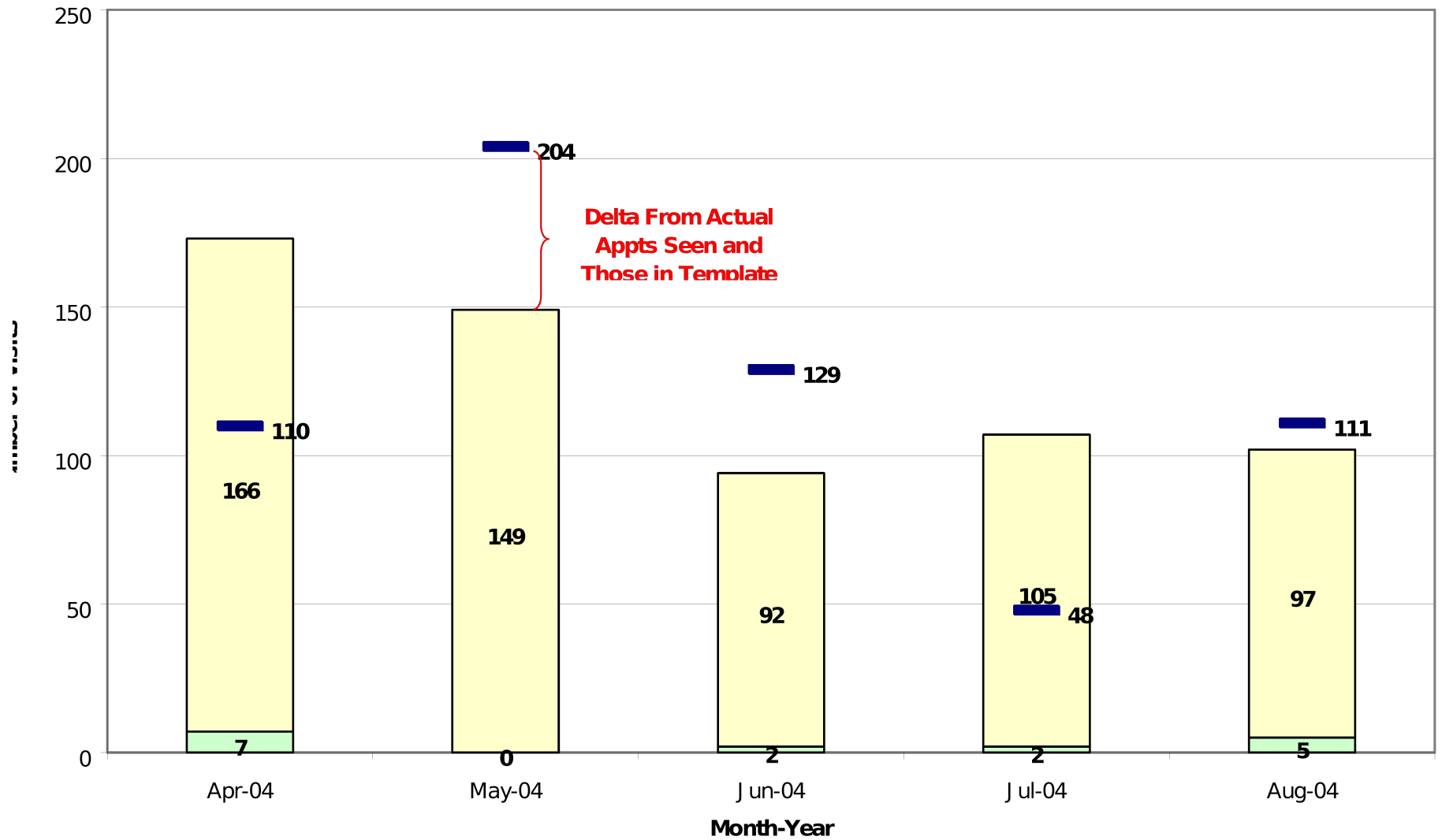


Booked

WalkIns

Total Appts in Template

Behavioral Health Service Line: SOCIAL WORK,WHMC



Booked

WalkIns

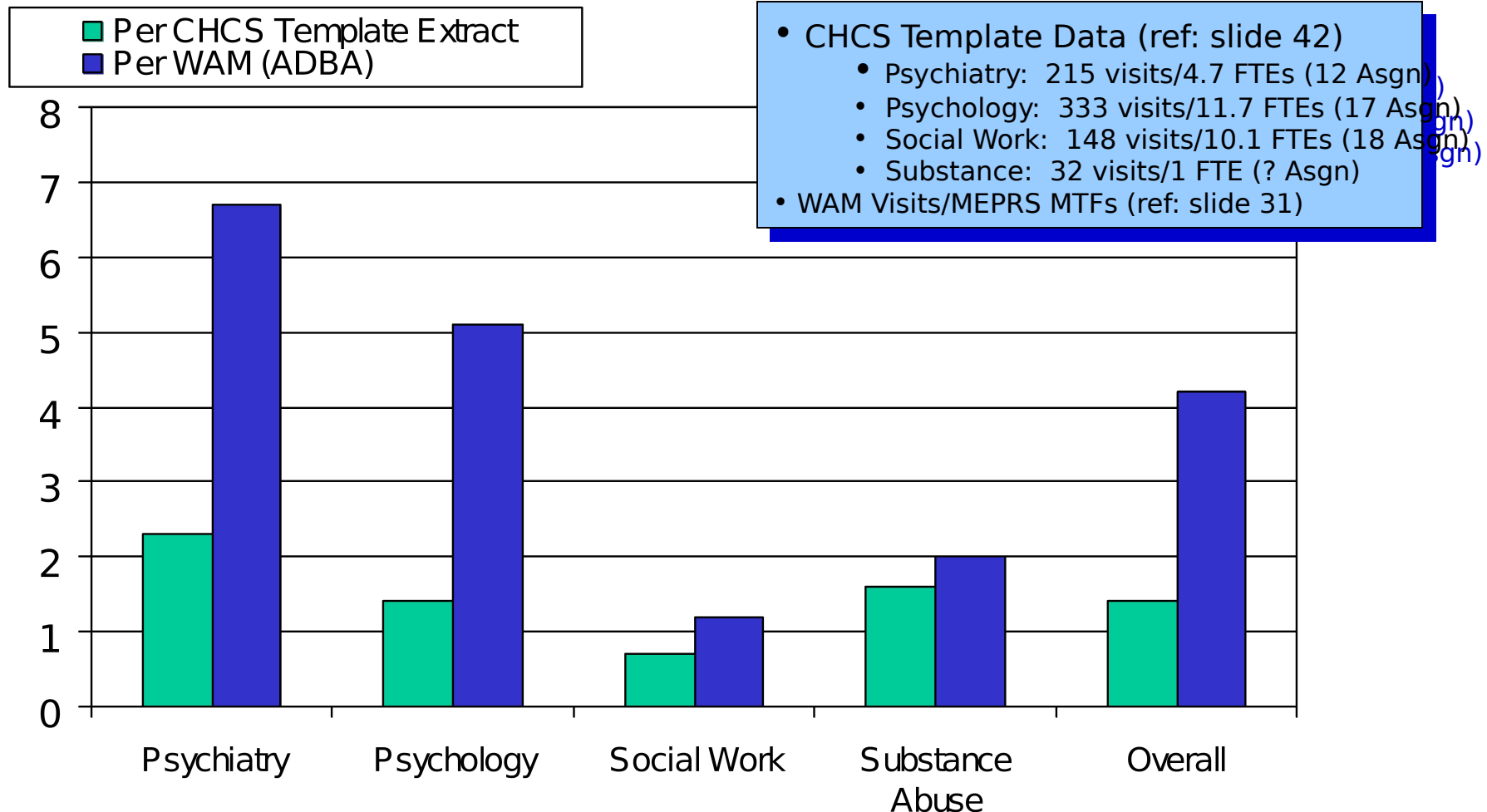
Total Appts in Template

Behavioral Health and Subs Template Summary

Avg/Mo (Dec-Aug04)	ADAPT	Life Skills Psychiatry	Family Advocacy	Life Skills Psychology	Clinical Health Psychology	Life Skills Social Work	Neuro Psych	Social Work	Overall Behavioral Health
Templated	108	276	94	144	357	27	25	121	1,152
Booked	31	211	3	69	23	8	10	3	358
% Booked	29%	76%	3%	48%	6%	30%	40%	2%	31%
Walk-Ins	1	4	12	2	227	-	2	122	370
% Walk-Ins	3%	2%	80%	3%	91%	0%	17%	98%	51%
Total Seen	32	215	15	71	250	8	12	125	728
% Templated	30%	78%	16%	49%	70%	30%	48%	103%	63%

Behavioral Health

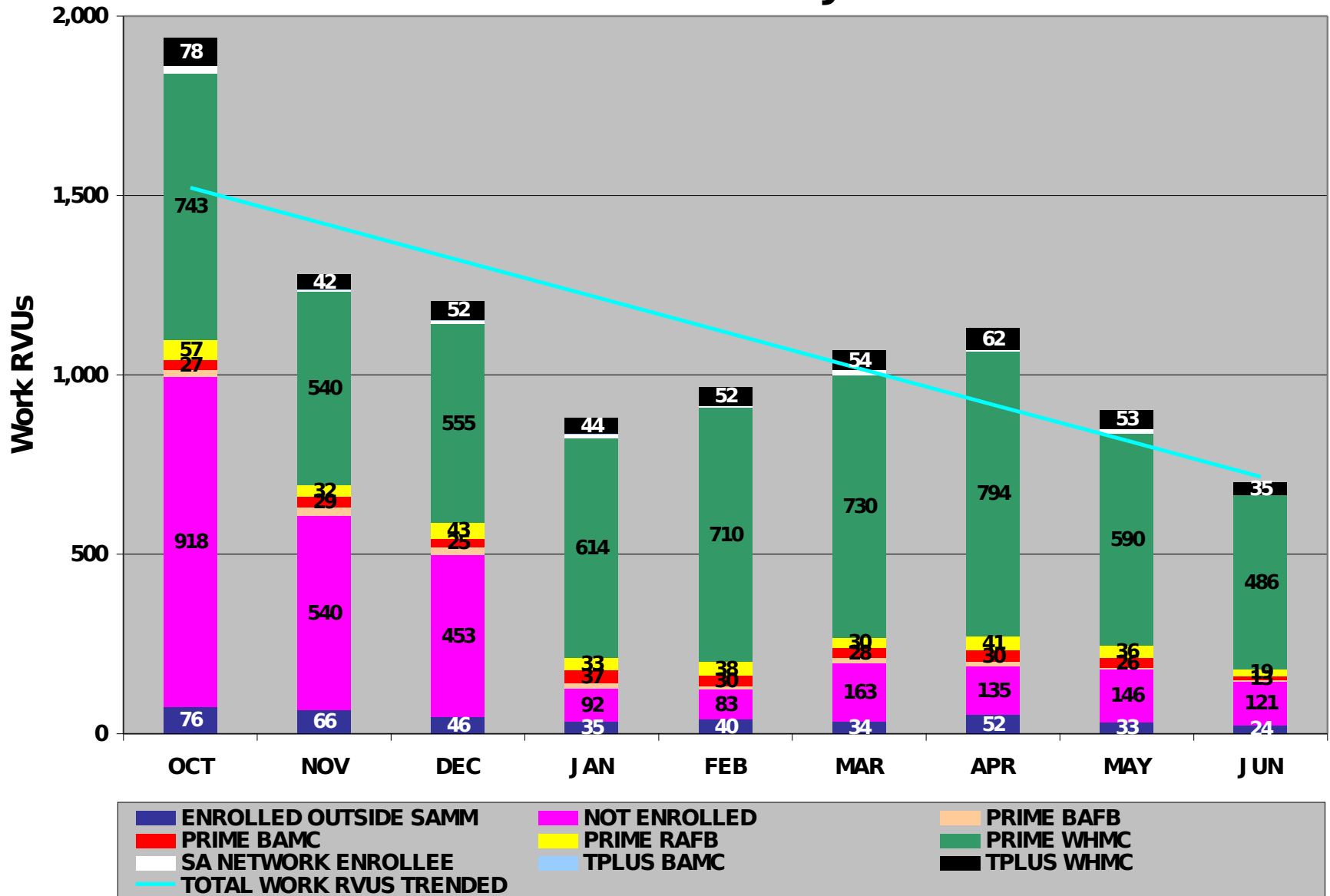
Avg FY04 Visits/Mo per “Avail FTE”



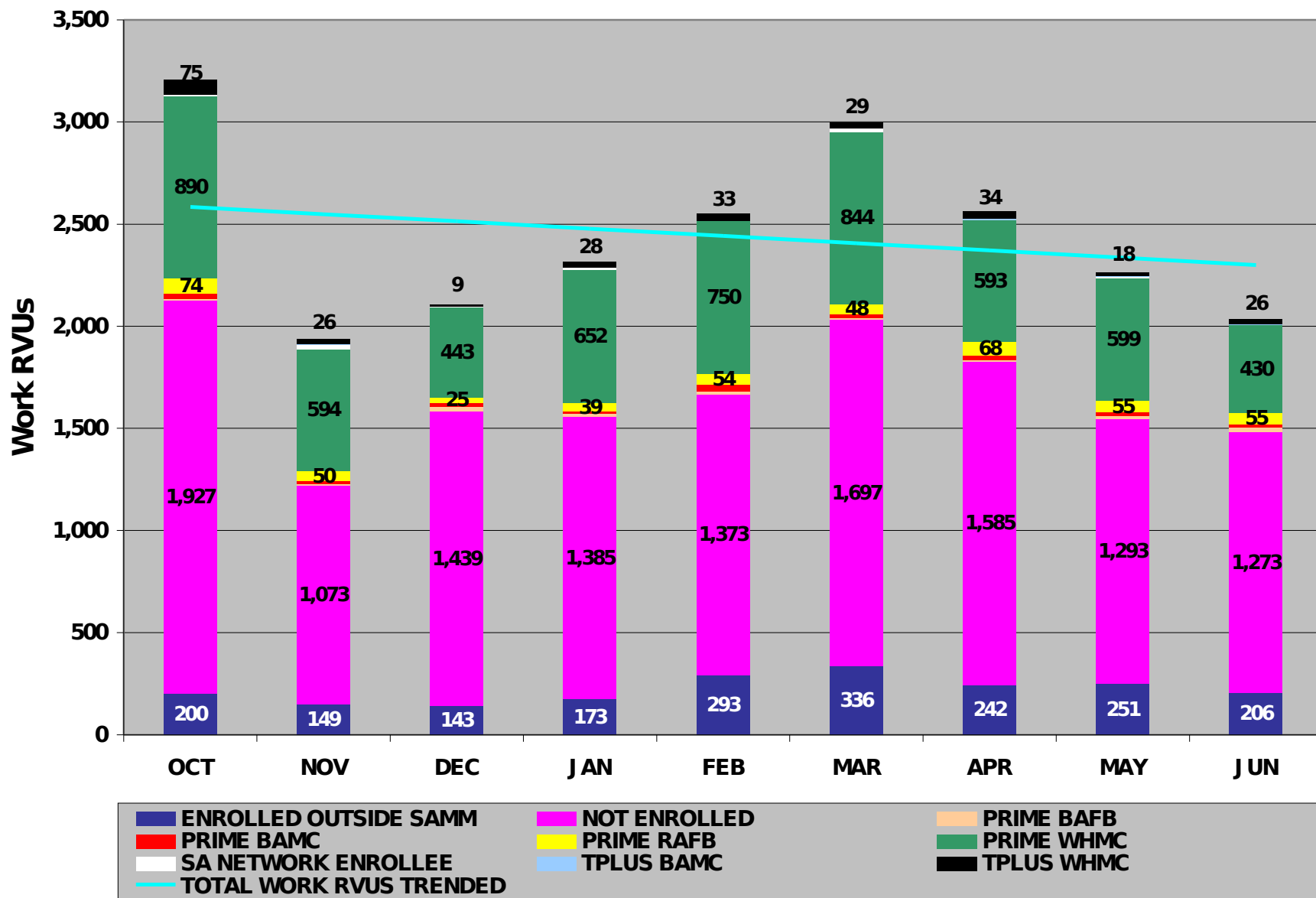
* Assumes 20 duty days/mo
Avail FTE = Avg Avail in MEPRS

Psychiatry Direct Outpatient Care Work

RVUs Oct 04 - Jun 04

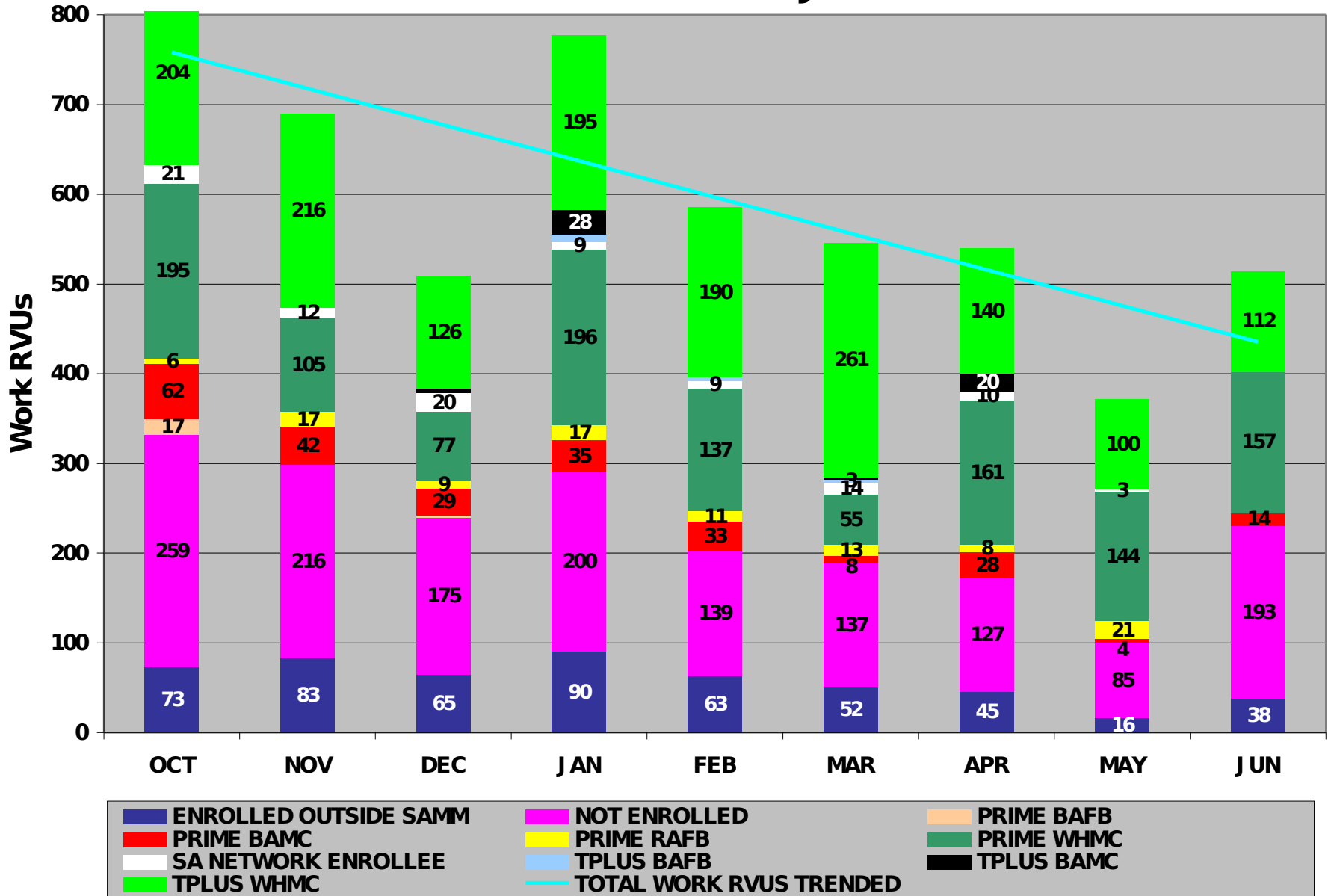


Psychology Direct Outpatient Care Work RVUs Oct 04 - Jun 04

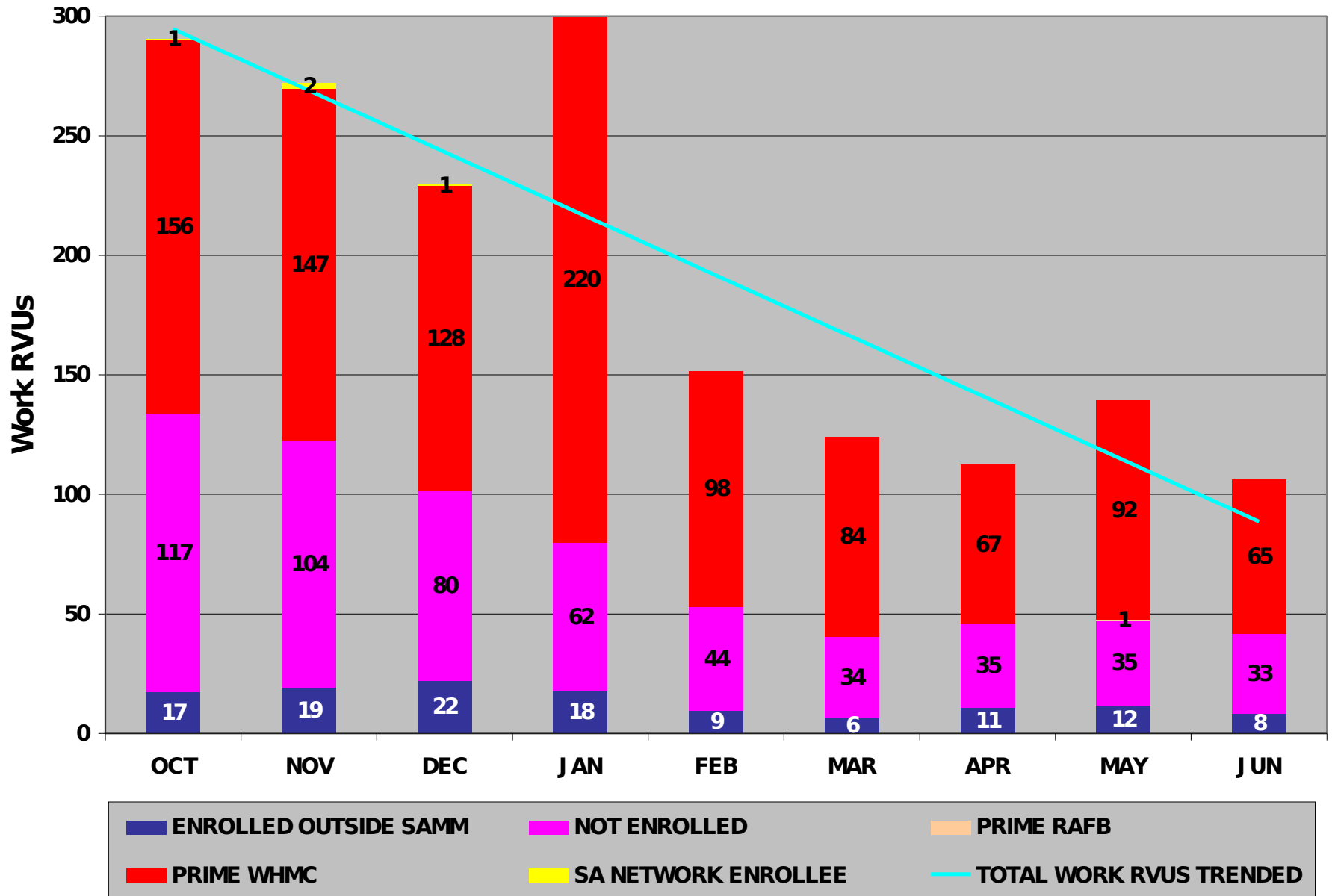


Social Work Direct Outpatient Care Work

RVUs Oct 04 - Jun 04



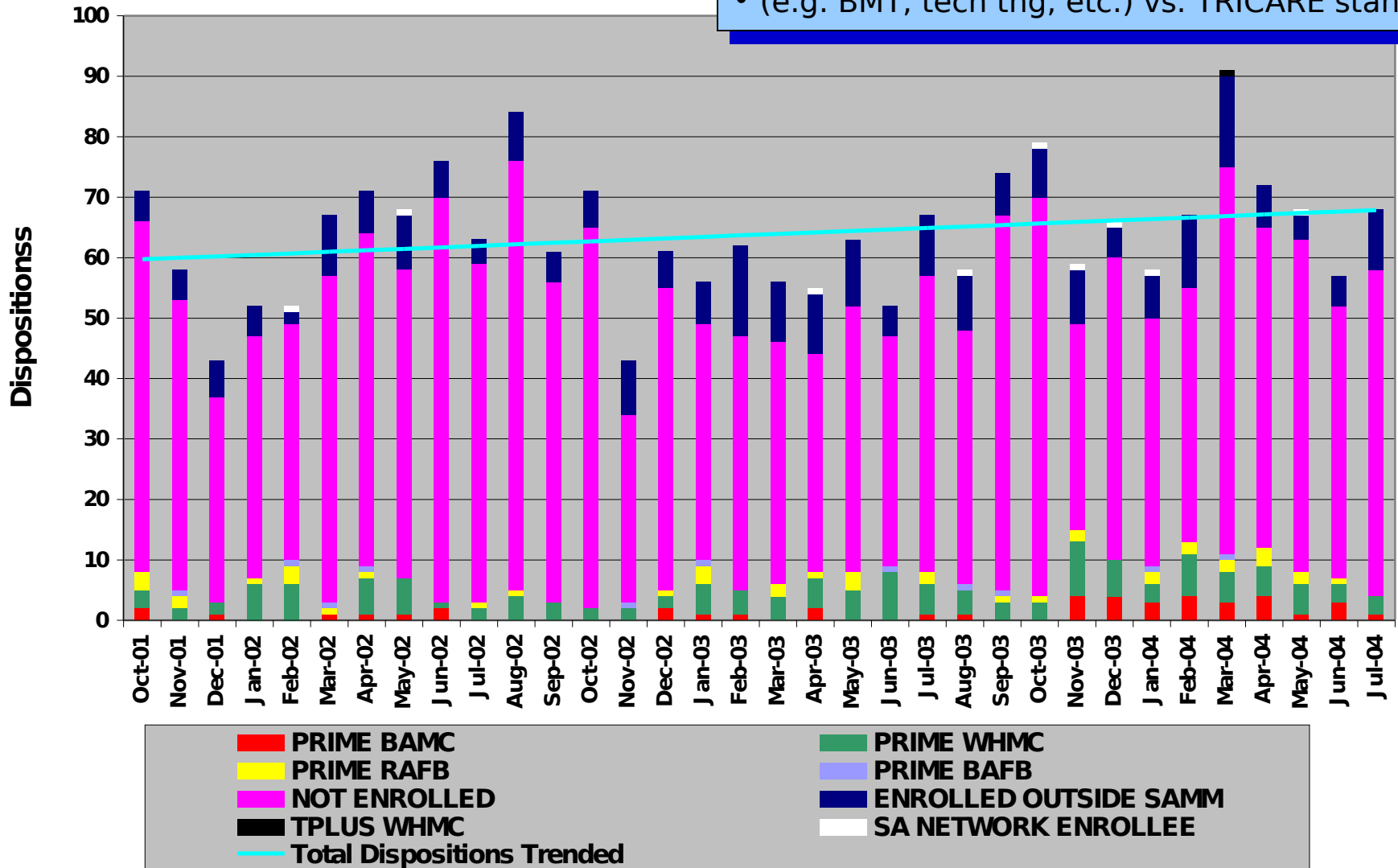
Substance Abuse Direct Outpatient Care Work RVUs Oct 04 - Jun 04



AVG RWP =
0.48
AVG LOS = 5.3

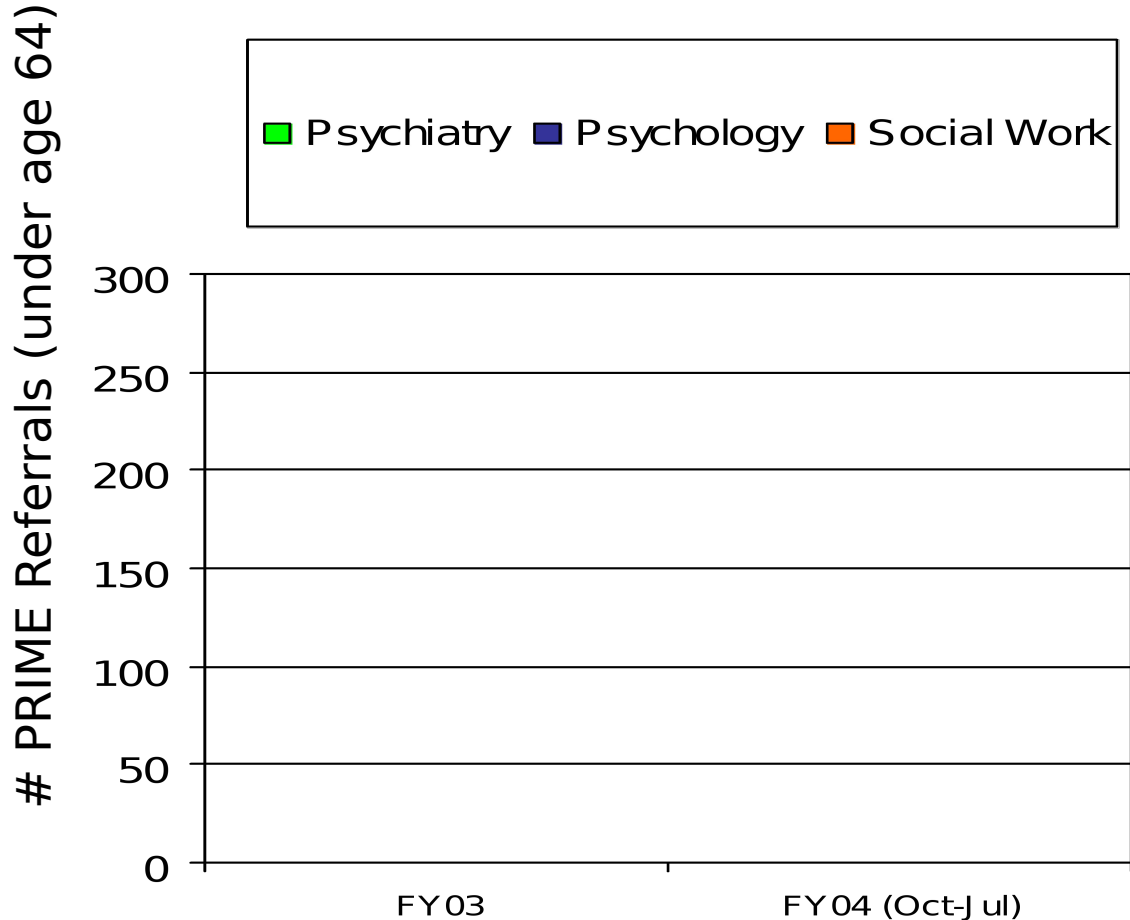
WHMC Psychiatric Dispositions FY02 to FY04

- The “un-enrolled” reflects Student population, (e.g. BMT, tech tng, etc.) vs. TRICARE standard.



Behavioral Health

PRIME Containment & Referrals (OP)



- No “referrals” because patients have the choice to seek care outside direct care facility

Behavioral Health Access to Care

- Standard for Access to Behavioral Health Care as of Aug 04
 - BFPA (Psychiatry): 437/453 or 96% 8.6 days
 - BFBA (Psychology): 81/82 or 99% 6.8 days
 - BFPA (Social Work): 18/10 or 100% 2.6 days
 - BFPA (ADAPT): 23/23 or 100% 1.6 days

• Behavioral Health is **meeting** standard for access to specialty appointments

Behavioral Health OP Claims & Market Share

- WHMC and BAMC have approximately 79% of the market share (FY03 Data)
 - WHMC CMAC: \$4.3M
 - Psychiatry: \$871K
 - Psychology: \$2,800K
 - Social Work: \$600K
 - BAMC CMAC: \$4.5M
 - Psychiatry: \$383K
 - Psychology: \$3,400K
 - Social Work: \$750K
 - Purchased Care CMAC (< 65 yrs): \$2.3M (21%)

Category	FY03 (In thousands)	FY04 to date (in thousands)
AD	\$ 47	\$ 54
BAMC Prime	\$ 599	\$ 398
WHMC Prime	\$ 809	\$ 546
Other MTFs	\$ 472	\$ 286
Network PRIME	\$ 185	\$ 123
Standard < 65	\$ 202	\$ 117
Total < 65	\$ 2,314	\$ 1,524

- 58% of outpatient claims filed for psychiatrist or psychologist care

Behavioral Health IP Claims

Category	FY03 (In thousands)	FY04 to date (in thousands)
AD	\$ 636	\$ 114
BAMC Prime	\$ 973	\$ 584
WHMC Prime	\$ 780	\$ 632
Other MTFs	\$ 406	\$ 320
Network PRIME	\$ 167	\$ 111
Standard < 65	\$ 266	\$ 244
Total < 65	\$ 3,228	\$ 2,005

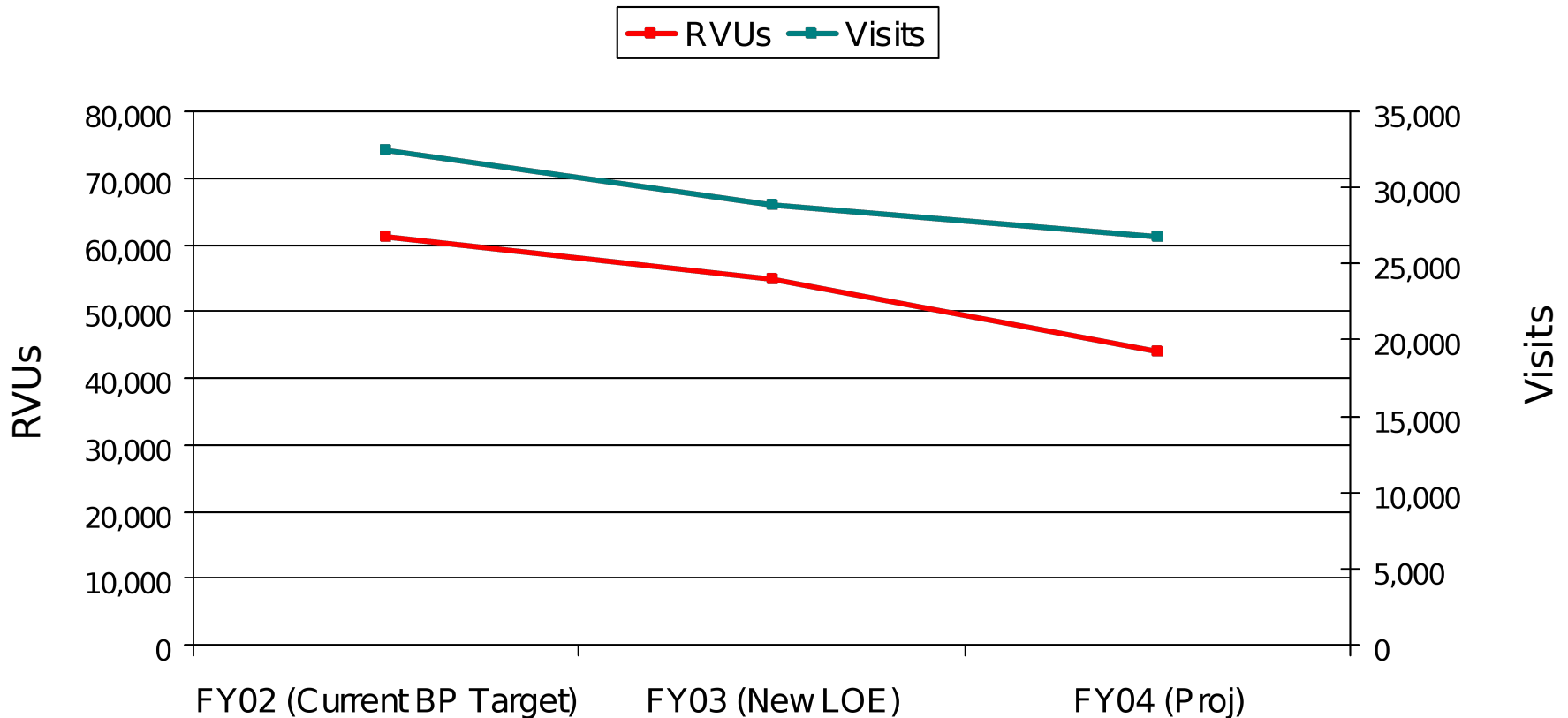
- Decreased AD claims filed
- 90% of all Psychiatric admissions coded as urgent/emergent

Behavioral Health Coding Analysis

- Data Quality* (Goal: 90% or more)
 - ICD9: 288 correct/418 audited or 68.9%
 - Social Work: 18.7%
 - Psychiatry: 97.7%
 - Substance Abuse: 89.3%
 - CPT: 274 correct/415 audited or 66%
 - Social Work: 7.3%
 - Psychiatry: 100%
 - Substance Abuse: 90.7%
 - E&M: 391 correct/418 audited or 93.3%
 - Social Work: 80.6%
 - Psychiatry and Psychology: 100%
- Psychiatry and Substance Abuse meeting standard

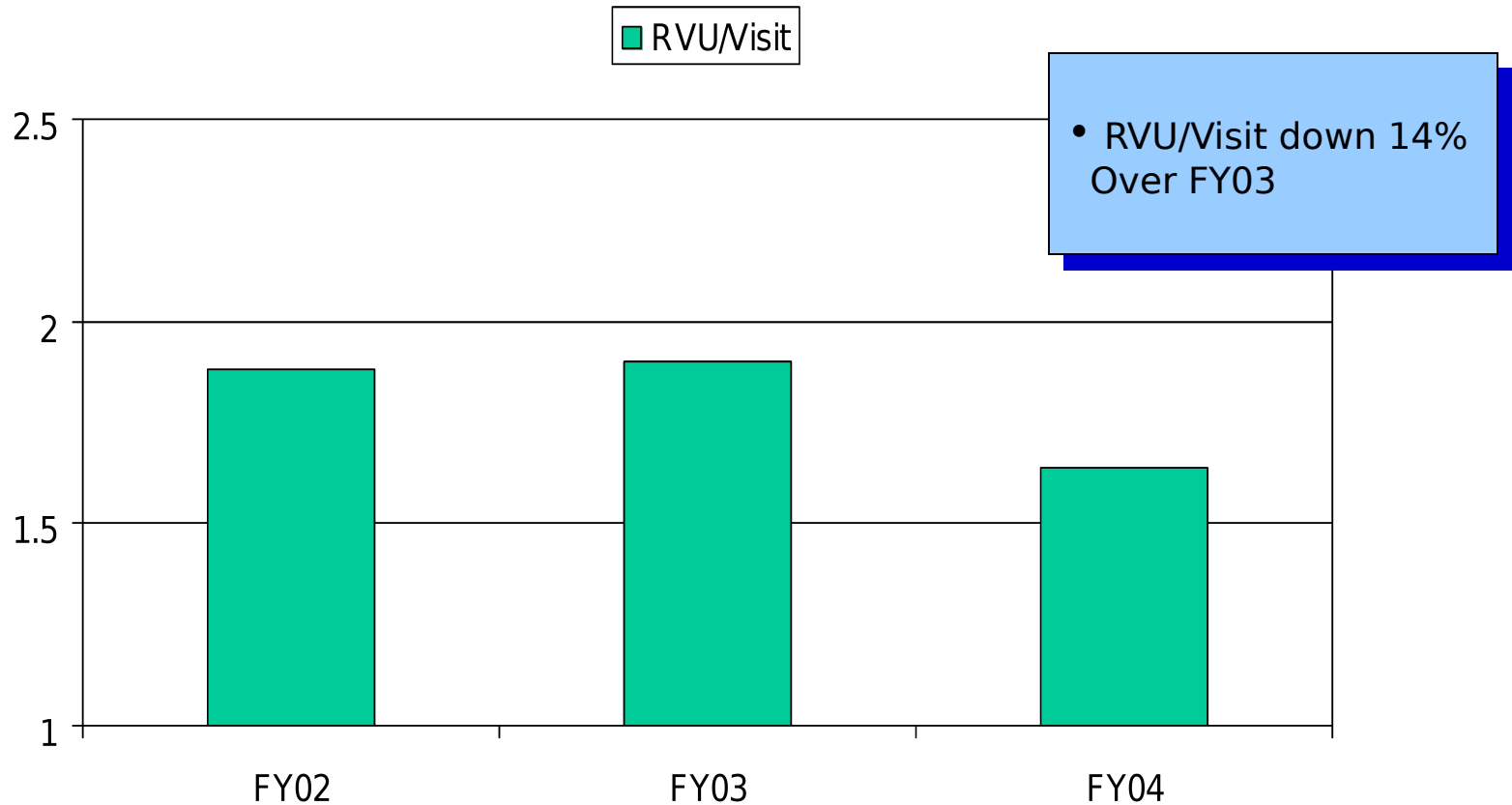
Behavioral Health

Direct Care RVUs vs. Visits (FY02-04)



- FY04 vs. FY03
 - Visits dropped 7%
 - RVUs dropped 20%

Behavioral Health RVU/Visit (FY02 to FY04)



Behavioral Health

Business Plan Performance Oct-Jun 04

Current OP	FY02 (BP Target)	FY04 Actual (Oct-Jun)	Difference	\$ Implications
IHC	13,105.9	11,554.8	(1,551.1)	\$ 114,781
ODC	4,601.0	1,676.7	(2,924.3)	\$ 216,398
Total PRIME	17,706.9	13,231.5	(4,475.4)	\$ 331,180
FFS Other Enrollee	5,869.0	4,023.2	(1,845.8)	\$ (136,591)
FFS SA	25,282.4	15,696.4	(9,586.1)	\$ (709,371)
FFS Plus	1,663.3	774.7	(888.6)	\$ (65,756)
Total FFS	32,814.7	20,494.2	(12,320.5)	\$ (911,718)

Outpatient

Prime: +\$331K

FFS: -\$912K

Total: -\$581K

Inpatient

Prime: -\$40K

FFS: \$119K

Total: \$79K

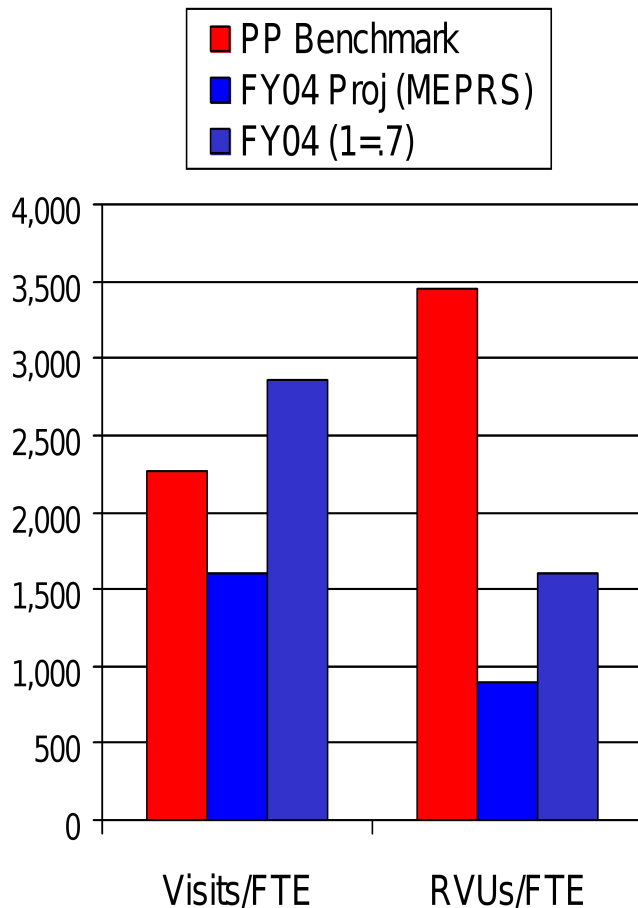
Current IP	FY02 (BP Target)	FY04 Actual (Oct-Jun)	Difference	\$ Implications
IHC	17.15	24.14	7.00	\$ (41,975)
Other DC	0.38	0.00	-0.38	\$ 2,297
Total PRIME	17.53	24.14	6.61	\$ (39,678)
FFS OE	45.35	66.64	6.61	\$ 39,678
FFS SA	189.69	213.28	6.61	\$ 39,678

Behavioral Health

Estimated FY05 BP

FY05 Proj OP	FY03 LOE	Change per BP	Estimated FY05 Target	FY04 Actual (Oct-Jun)	Difference	\$ Implications
IHC	12,127.0	-11%	10,793.03	11,554.8	761.8	\$ (56,374)
ODC	2,194.0	-19%	1,777.14	1,676.7	(100.5)	\$ 7,436
Total PRIME	14,321.0		12,570.17	13,231.5	661.3	\$ (48,938)
FFS Other Enrollee	5,460.0	-24%	4,149.60	4,023.2	(126.4)	\$ (9,355)
FFS SA	22,578.0	-50%	11,289.00	15,696.4	4,407.4	\$ 326,144
FFS Plus	969.0	39%	1,346.91	774.7	(572.2)	\$ (42,344)
Total FFS	29,007.0		16,785.51	20,494.2	3,708.7	\$ 274,445
FY05 Proj IP	FY03 LOE	Change per BP	Estimated FY05 Target	FY04 Actual (Oct-Jun)	Difference	\$ Implications
IHC	18.25	11%	20.26	24.14	3.9	\$ (23,311)
ODC	0.52	3%	0.54	0.00	(0.5)	\$ 3,220
Total PRIME	18.77		20.79	24.14	3.3	\$ (20,091)
FFS Other Enrollee	55.12	-12%	48.51	66.64	18.1	\$ 108,765
FFS SA	192.33	-48%	100.01	213.28	113.3	\$ 679,642
FFS Plus	0.00	80%	-	0.40	0.4	\$ 2,390
OP: \$225K; IP: \$771K						

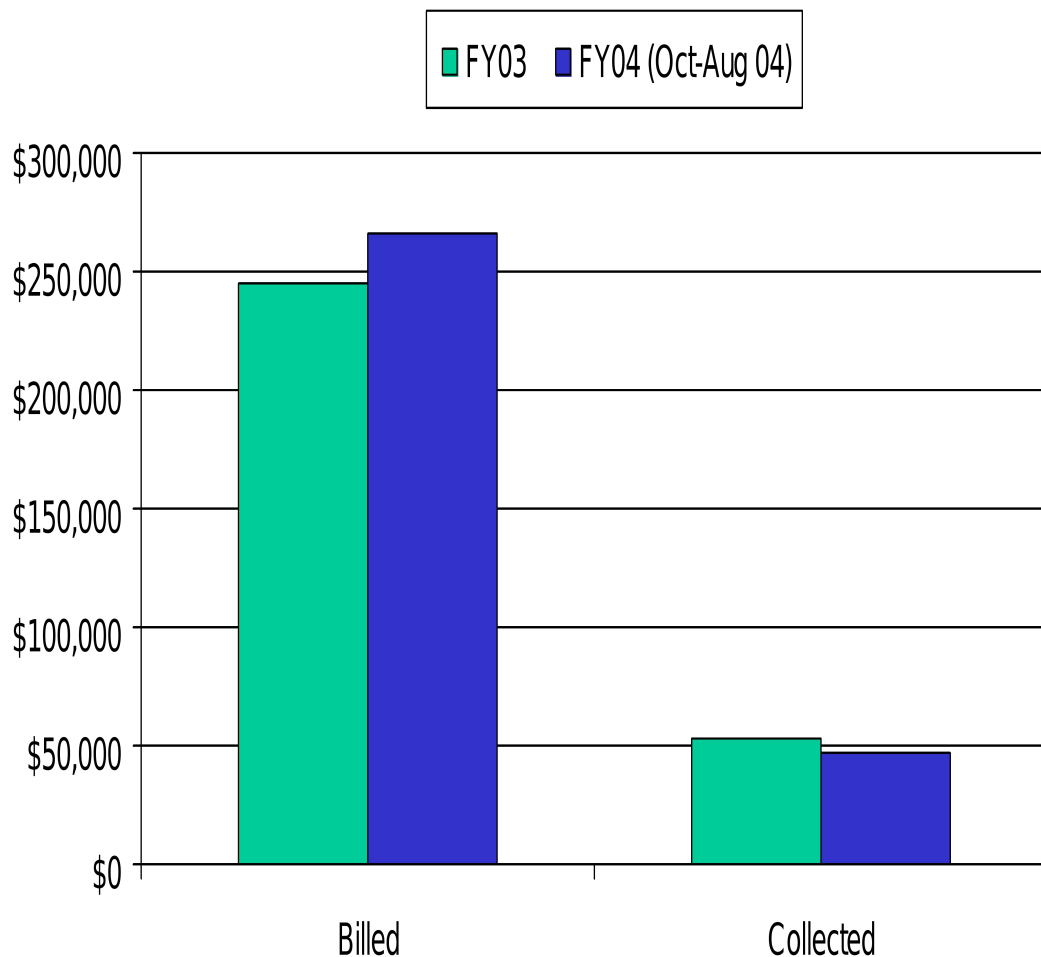
Behavioral Health Benchmark Comparison per FTE



	MEPRS	# Asgn x .7
#FTEs Avail (per MEPRS)	4.7	8.4
Proj FY04 Visits*	7,509	7509
Proj FY04 Visits/FTE	1,598	894
Private Practice Benchmt (V/FTE)	2,260	2260
% Compared to PP Benchmark	71%	40%
FY04 RVUs (Proj)	13,423	13423
RVU/Visit	1.79	1.79
RVU/FTE	2,856	1,598
Private Practice Benchmark (RVU/FTE)	3,453	3453
% Compared to PP Benchmark	83%	46%

- No MGMA Academic benchmark
- MEPRS shows 4.7 avg avail 44P3s; other method uses 1 Assigned = .7 FTE (GME, active duty, etc.)

Behavioral Health Reimbursements FY03 vs. FY04



- Bill to Collection Ratio
 - FY03: 0.21
 - FY04: 0.18 (down 14%)
- Billing Rate
 - FY03: \$20.4K/mo
 - FY04: \$24.2K/mo (up 20%)

➡ \$47.4K collected
Thru Aug 04

Behavioral Health Initiatives

- Army inpatient mental health contract
- MTI/MTL program to reduce attrition
- Outreach program for troubled BMTS students
- Basic Combat Convoy Course early intervention
 - On-site resources for early intervention/triage
 - Rotations involving psychology residents, MH tech
 - Goal: Reduced acuity, minimize attrition
- Primary Care optimization
- Group follow-up appointments (Kelly Fam Med)
- New Parent Support Program








Behavioral Health Issues/Requirements








- Loss of Psychiatry/Psychology GME positions
- Cost/benefit of Army contract for inpatient mental health services
- Leakage of outpatient mental health services (e.g., child/adolescent)
- Anticipated increase in demand for neuropsychology/neurology services
- Collaboration/integration of services with BAMC/VA

Behavioral Health Customer Satisfaction

- DoD Customer Satisfaction Survey
 - Not on P2R2 because of privacy issues
- Patient Satisfaction will be key indicator in FY05 and beyond
 - AFMS contracted for new, real-time customer satisfaction process (pending)

Behavioral Health Stoplights

Area Reviewed	
Health of GME Program	
Manpower/Staffing	
Access to Care (Specialty Care)	
Use of Templated Appointments	
Visits over Time (02 to 04 trend)	
PRIME Containment	
Market Share	

Area Reviewed	
RVU/Visit over time	
Data Quality	
Productivity vs. Civilian Benchmarks	
Visits per Provider	
BP Performance Oct-Jun 04	
BP Performance (FY05)	
Customer Satisfaction	

Behavioral Health Next Steps

- Step 2
 - Follow-up: 20 Oct 04 at 0930
- Step 3
 - Projected WHMC/BAMC Brief: late Nov 04



Integrity - Service - Excellence

Back-Up Slides

Amount Paid by Specialty Services of Private Sector Outpatient Claims by Beneficiary Category in FY04

Psychiatric Specialty Services	Active Duty	Prime to BAMC	Prime to WHMC	Prime to RAFB/BAFB	Prime to other MTF	Prime to Network	Space A < 65	Total < 65
Psychiatry	\$20,189.41	\$148,377.75	\$184,619.69	\$88,695.17	\$3,447.51	\$47,870.12	\$54,317.03	\$547,516.68
Clinical Psychologist	\$17,457.05	\$113,608.20	\$128,681.62	\$70,871.72	\$1,640.51	\$24,874.52	\$25,335.90	\$382,469.52
Certified Clinical Social Worker	\$3,868.82	\$67,611.43	\$97,414.96	\$52,444.25	\$1,253.27	\$19,332.27	\$16,119.91	\$258,044.91
Certified Marriage/Family Therapist	\$9,198.05	\$50,782.72	\$92,926.10	\$41,485.25	\$1,115.00	\$18,663.88	\$10,830.48	\$225,001.48
Mental Health Counselor	\$3,144.45	\$15,942.24	\$40,264.08	\$22,579.12	\$980.39	\$11,629.16	\$9,282.32	\$103,821.76
Clinical Psychiatric Nurse	\$138.91	\$1,575.28	\$1,665.98	\$1,798.38		\$629.09	\$1,278.43	\$7,086.07
Psychiatric Specialty Totals	\$53,996.69	\$397,897.62	\$545,572.43	\$277,873.89	\$8,436.68	\$122,999.04	\$117,188.72	\$1,523,965.07

Amount Paid by MDC of Private Sector Inpatient Claims by Beneficiary Category in FY04

Major Diagnostic Category	Active Duty	Prime to BAMC	Prime to WHMC	Prime to RAFB/BAFB	Prime to other MTF	Prime to Network	Space A < 65	Total < 65
MENTAL DISEASES AND DISORDERS	\$113,808.49	\$583,852.81	\$632,454.96	\$301,646.04	\$17,856.94	\$111,283.17	\$243,781.29	\$2,004,683.70

Over 90% of admissions are coded emergent or urgent

MTF Prime - Top 20 Private Sector Behavioral Outpatient Procedures by Volume in FY04

Procedure Code	Count	Description
90806	8,659	INDIV PSYCHO,INSIGHT,BEHAV MOD &/ SUPP,OFF/OUTPAT, 45-50 MIN
90847	2,741	FAMILY PSYCHOTHERAPY(CONJ OINT PSYCHOTHERAPY)(W PATIENT PRES)
90862	2,426	PHARMACOLOGIC MANAGEMENT, RX, USE, REVIEW OF MEDICATION
90801	1,623	PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION
90805	1,477	INDIV PSYCHO,OFF/OUTPAT,20-30 MIN; W MED EVAL & MGT SERVICES
90807	474	INDIV PSYCHO,OFF/OUTPAT,45-50 MIN; W MED EVAL & MGT SERVICES
99232	410	SUBSEQUENT HOSPITAL CARE, PER DAY
90816	389	INDIV PSYCHO,INSIGHT,BEHV MOD&/SUPP,INPAT/RES CARE,20-30 MIN
90817	276	INDIV PSYCHO,INPAT/RES CARE, 20-30 MIN; W MED EVAL & MGT SER
99223	191	INITIAL HOSPITAL CARE, PER DAY
99238	120	HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MIN OR LESS
90818	108	INDIV PSYCHO,INSIGHT,BEHV MOD&/SUPP,INPAT/RES CARE,45-50 MIN
99233	108	SUBSEQUENT HOSPITAL CARE, PER DAY
96100	76	PSYCHOLOGICAL TESTING, W/INTERP & RPT, PER HOUR
99239	52	HOSPITAL DISCHARGE DAY MANAGEMENT; MORE THAN 30 MIN
90853	52	GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)
99222	48	INITIAL HOSPITAL CARE, PER DAY
90870	43	ELECTROCONVULSIVE THERAPY SINGLE SEIZURE
90804	36	INDIV PSYCHO,INSIGHT,BEHAV MOD &/ SUPP,OFF/OUTPAT, 20-30 MIN
90846	30	FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT)

**** Note: Private sector outpatient data excludes resource sharing and any patient age 65 and above. ****

Space A - Top 20 Private Sector Behavioral Outpatient Procedures by Volume in FY04

Procedure Code	Count	Description
90806	1,073	INDIV PSYCHO,INSIGHT,BEHAV MOD &/ SUPP,OFF/OUTPAT, 45-50 MIN
90862	439	PHARMACOLOGIC MANAGEMENT, RX, USE, REVIEW OF MEDICATION
90805	309	INDIV PSYCHO,OFF/OUTPAT,20-30 MIN; W MED EVAL & MGT SERVICES
90807	172	INDIV PSYCHO,OFF/OUTPAT,45-50 MIN; W MED EVAL & MGT SERVICES
90801	158	PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION
90847	114	FAMILY PSYCHOTHERAPY(CONJ OINT PSYCHOTHERAPY)(W PATIENT PRES)
99232	65	SUBSEQUENT HOSPITAL CARE, PER DAY
90816	41	INDIV PSYCHO,INSIGHT,BEHV MOD&/SUPP,INPAT/RES CARE,20-30 MIN
90818	37	INDIV PSYCHO,INSIGHT,BEHV MOD&/SUPP,INPAT/RES CARE,45-50 MIN
90817	34	INDIV PSYCHO,INPAT/RES CARE, 20-30 MIN; W MED EVAL & MGT SER
99223	28	INITIAL HOSPITAL CARE, PER DAY
99233	23	SUBSEQUENT HOSPITAL CARE, PER DAY
99238	21	HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MIN OR LESS
99222	15	INITIAL HOSPITAL CARE, PER DAY
99231	13	SUBSEQUENT HOSPITAL CARE, PER DAY
96100	12	PSYCHOLOGICAL TESTING, W/INTERP & RPT, PER HOUR
99239	8	HOSPITAL DISCHARGE DAY MANAGEMENT; MORE THAN 30 MIN
90853	7	GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)
90887	6	INTERP/EXPLAIN RESULTS OF PSYCH EXAMS & PROCEDURES TO FAMILY
99215	5	OUTPATIENT VISIT, ESTABLISHED PATIENT, HIGH COMPLEXITY
96117	5	NEUROPSYCHOLOGICAL TESTING BATTERY, W/INTERP & RPT, PER HOUR
99263	5	FOLLOW-UP INPATIENT CONSULTATION FOR AN ESTABLISHED PATIENT

**** Note: Private sector outpatient data excludes resource sharing and any patient age 65 and above. ****

MTF Prime - Private Sector Behavioral Health Inpatient DRGs by Volume in FY04

DRG	Count	DRG Description
430	372	PSYCHOSES
428	23	DISORDERS OF PERSONALITY & IMPULSE CONTROL
901	20	ALC/DRUG ABUSE OR DEPEND, DETOX OR OTH SYMPT TREAT AGE >21 W/O
426	16	DEPRESSIVE NEUROSES
427	7	NEUROSES EXCEPT DEPRESSIVE
900	5	ALC/DRUG ABUSE/DPND,DTOX/OTH SYM TRT W/O CC A≤21
431	5	CHILDHOOD MENTAL DISORDERS
521	4	ALCOHOL/DRUG ABUSE OR DEPENDENCE W CC
522	1	ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHAB W/O CC
432	1	OTHER MENTAL DISORDER DIAGNOSES
425	1	ACUTE ADJ USTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION

Space A - Private Sector Behavioral Health Inpatient DRGs by Volume in FY04

DRG	Count	DRG Description
430	90	PSYCHOSES
901	7	ALC/DRUG ABUSE OR DEPEND, DETOX OR OTH SYMPT TREAT AGE >21 W/O
521	3	ALCOHOL/DRUG ABUSE OR DEPENDENCE W CC
900	2	ALC/DRUG ABUSE/DPND,DTOX/OTH SYM TRT W/O CC A≤21
427	1	NEUROSES EXCEPT DEPRESSIVE
426	1	DEPRESSIVE NEUROSES
425	1	ACUTE ADJ USTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION